

Request for Medical Information (Restricted Medical Records)



**REQUEST FOR MEDICAL INFORMATION
(RESTRICTED MEDICAL RECORDS)**

Requests for restricted medical information must be submitted in writing. MI EL-860-98-2, *Employee Medical Records*, cites the categories of requesters as well as to whom the request must be submitted. Requests that are not sent directly to the Medical Director or Occupational Health Nurse Administrator are submitted to the installation head.

Name of Employee _____ SSN _____

Requester's Name _____ Title _____

Information Requested _____

Reason for Request _____

Signature of Requester _____ Date _____

Signature of Employee _____ Date _____

Signature of Installation Head/Designee _____ Date _____

MEDICAL FACILITY ACTION

Action Taken _____

Information Released/Denied _____

Requester's Signature _____

Custodian's Signature _____ Date _____

Note: Retain this document in the employee's medical folder.