



MEDICAL INFORMATION RELEASE AUTHORIZATION
FITNESS FOR DUTY EVALUATION

STATEMENT OF EMPLOYEE RIGHTS: *Medical inquiries or exams regarding the existence, nature or severity of a disability are permitted under applicable law when they are job-related and consistent with business necessity. The State may not use such an inquiry or exam unless it is to evaluate the medical capacity of a employee to perform the work of his or her position.*

NAME: _____

DATE OF BIRTH: _____

MEDICAL RECORD NUMBER: _____

DEPARTMENT REQUESTING FITNESS FOR DUTY: _____

RE: EMPLOYER REQUIRED FITNESS FOR DUTY EVALUATION:

I hereby authorize you to provide the following information to
(EMPLOYING DEPARTMENT) : _____

Am I fit for duty based upon the essential functions of the work of my position either with or without reasonable accommodation?

This release allows you to disclose whether there are any functional limitations regarding my ability to perform the essential functions of the work of my position. However, you are expressly prohibited from disclosing any diagnoses, medical causes, or prescribed medications related to me. You are expressly prohibited from disclosing or providing any additional medical information beyond which is necessary to respond to the inquiry stated above.

This limited release is consistent with applicable legal precedent and State and federal law including but not limited to Gov. Code section 19253.5, Civil Code section 56.10, Pettus v. Cole (1996) 49 Cal. App. 4th 1307; 42 USC 12112, and 29 CFR 1630.14.