



Medical and Exposure Records Request Form

(Full Name of Employee or Legal Representative) (Please Print)

Hereby request access to (my) (_____)'s
(Full Name of Employee) (Please Print)

Medical Record(s)

Exposure Record(s)

As it/they relate(s) to the following conditions of (my) (his/her) employment or place of employment:

I understand I will be provided access to the requested record(s) within a reasonable time, place, and manner, but in no event later than fifteen (15) business days after the date of this request. I further understand that whenever a record has been provided previously without cost, I may be charged reasonable, non-discriminatory administrative costs for additional copies.

(Signature of Employee or Legal Representative)

(Date of Signature)

If you have questions, please contact the Environmental Health and Safety department at (657) 278-7233 or safety@fullerton.edu.