

## **MEDICAL INFORMATION RELEASE FOR DOT EXAMS**

Part 1: The physician performing this exam may, pursuant to 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations, require additional personal medical information to make a determination whether I satisfy the requirements as set forth by those regulations.

By signing this form, I authorize my other medical providers to share information from my medical records with the physician performing this exam. This authorization is limited to the release of medical information directly relevant to a determination of my fitness to drive a commercial motor vehicle as required by the aforementioned regulations.

I also authorize the physician performing this exam to disclose all medical information pertaining to me to the extent such information was obtained or received as part of the exam performed pursuant to 49 CFR Part 391 of the Federal Motor Carrier Safety Regulations, including but not limited to the information obtained from other health care providers to ADP or other designated medical consultation company retained by UPS and/or to a member of UPS' occupational health department. "

### **Part 2: IMPORTANT INFORMATION ABOUT YOUR RIGHTS**

I have read and understand the following statements about my rights:

- I am not required to sign this form; however, I understand that my ability to operate a package delivery vehicle for my employer, UPS, is conditioned, at a minimum, on the Recipient's receipt of the requested information. I further understand that I am not required to sign this form to receive my health care benefits or health care from a health care provider (except where the sole reason for the treatment is to create information to provide to a third party).
- I may revoke this authorization at any time prior to its expiration date by submitting a written notification to the Discloser identified above. I am aware that the revocation will not have any effect on information already used or disclosed before receiving my revocation.
- I may see and copy the information described on this form if I ask for it.
- I understand that once my individually identifiable health information is disclosed to the Recipient it is no longer protected by federal privacy laws that regulate the use and disclosure of my health information by a health care provider and the Recipient may be able to re-disclose my health information. However, UPS agrees that it will only use or disclose such information for the purpose of determining fitness to drive a commercial motor vehicle in compliance with the Federal Motor Carrier Safety Regulations and that it will not be used or disclosed for any other purpose.

### **Part 3: Signature of Participant or Participant's Representative**

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Signature of Individual or Representative

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Date