

**AUTHORIZATION FOR EXAMINATION AND RELEASE OF FINAL
OPINION FOR FITNESS FOR DUTY**

I hereby authorize the offices of _____, to conduct an employment-related fitness for duty examination because I have been ordered to submit to such an examination by my employer, the _____.

In conjunction with this examination, I hereby authorize _____ to review relevant medical and employment records supplied by my employer to the extent that I have authorized their release to the examining doctor. All other prior or contemporaneous authorizations which are inconsistent with this authorization have been or are hereby rescinded. **I DO NOT** authorize the release of any medical, psychiatric and employment records after they have been reviewed for any reason.

I authorize _____ to provide my employer, _____, with **ONLY** a final opinion concerning whether or not I am "fit for duty". This opinion may be made in writing by letter to my employer, and shall not contain specific medical information used to arrive at the recommendation.

[OPTIONAL: I further authorize _____ to inform my employer whether the condition upon which the final opinion is based is work-related.]

[OPTIONAL: What are the physical limitations on my ability to perform the duties of a police officer.]

[OPTIONAL: What is the estimated duration of my inability to perform my regular duties if your final opinion is that I am NOT fit for duty.]

Any medical records, statements or other information or documents that may be utilized or generated as a result of this examination shall be used for the purpose of this fitness for duty evaluation and shall not be released to anyone **INCLUDING** my employer.

Release of any information, other than a final opinion will be considered a violation of my right to privacy and a violation of the Confidentiality of Medical Records Act (Civil Code § 56 et seq.).

Date: _____

Patient/Officer Signature

Patient/Officer Name

Social Security Number