



Geneva Spinal Health & Pain Management

Chiropractic • Acupuncture • Sports Medicine

Kenneth M. McLeod, D.C.

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MEDICAL AUTHORIZATION

I, _____, hereby authorize _____ Geneva Spinal Health & Pain Management / Kenneth M. McLeod, D.C. to release a copy of my Medical Examination Report for Commercial Driver Fitness Determination related to a DOT physical completed on _____, 20____, to my employer, _____.

By my authorization to release my medical record, I hereby release _____ Geneva Spinal Health & Pain Management / Kenneth M. McLeod, D.C. from any and all liability associated with my requested release of information. This release of liability only applies to the provision of a copy of my medical record, herein described, to my employer.

I understand that I am not obligated to release my Medical Examination Report for Commercial Driver Fitness Determination to my employer. I voluntarily choose to do so.

Dated: _____

Signature of Employee