



Medical Information Release:

I, _____, hereby authorize _____
 to release the results of any medical examination and/or testing performed on _____
 to AllOne Health. I further authorize AllOne Health to release information regarding the medical
 determination and/or the results of the test-performed to _____.

_____ Signature	_____ Date
_____ Home Address, City, State and Zip Code	_____ Home Phone Number
_____ Work Address, City, State and Zip Code	_____ Work Phone Number
_____ Name of Supervisor	_____ Supervisor's Phone Number

Consent for Drug/Alcohol Screening:

I, _____, willingly agree to submit my blood, and/or urine,
 and/or breath for a screening test to determine the presence of drugs and/or alcohol. By my
 signature below, I hereby authorize the release of the drug/alcohol screening results to
 _____ and AllOne Health designated laboratory.

_____ Signature	_____ Date	_____ () Phone Number
_____ Witness	_____ Date	