U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

INSTRUCTIONS: Completed form to be provided to your Health Care Provider(s) and sent to ReasonableAccommodations@fsis.usda.gov.

The U.S. Department of Agriculture (USDA), Food Safety and Inspection Service (FSIS), is requesting medical information supporting my request for accommodation under the Rehabilitation Act of 1973 as amended due to functional limitations caused by a disability. Information provided will be maintained confidentially. In cases where I may require first aid/emergency treatment, or if government officials are investigating compliance with regulations, relevant information may be shared, as required by law.

Medical information to support my request will include:

- ✓ nature and severity of the impairment;
- ✓ duration of the impairment;
- ✓ major life activities that the impairment limits (i.e., walking, lifting, breathing, hearing, etc.);
- ✓ extent to which the impairment limits major life activities, and;
- ✓ how the accommodation will help me to perform my essential job functions or apply for a job

I authorize my Health Care Provider to share this information with the USDA, FSIS, Reasonable Accommodations Office.

Name of Health Care Provider: _____

Health Care Provider Facility Address: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Signature of Employee/Applicant:	Date: