



Department of the Interior
Wildland Firefighter Medical Standards Program

Employee Medical Record Release Form

Requestors Name: _____

I do hereby request and give permission to release my employee medical records for the following time period (*list dates or date range of when medical exam or tests occurred*):

From:

Department of the Interior
Wildland Firefighter Medical Standards Program
3833 S Development Avenue MS-1400
Boise, Idaho 83705
Phone: 1-888-286-2521 Fax: 208-433-6423 Email: wlffcsr@blm.gov

Please release the above mentioned medical records for the dates listed to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Please send my records via: (circle preference below)

FedEx Fax Email (*must have Agency email & capability to receive password protected PDF*)

Printed Patient Name: _____

Date of Birth: ____/____/____

Requestor Signature

Date Signed

Authorization End Date