



EASTERN VIRGINIA MEDICAL SCHOOL

Occupational Health Department

Request for Medical Records

Name: _____

Date: _____

Phone/Pager: _____

Job Title: _____ Student
 _____ Resident
 _____ Employee

Records Requested: _____

How will patient receive records?

_____ Will pick up

_____ Fax to: _____

_____ Mail to: _____

Signature of Patient: _____

Signature of Occupational Health Nurse: _____

Submit this form by

- A. Bringing it to the Occupational Health Dept. in Suite 506, Fairfax Hall
- B. Mailing it to: Occupational Health Dept., Eastern Virginia Medical School, P.O. Box 1980, Norfolk, VA 23501
- C. Sending through Interoffice Mail, in a sealed envelope marked Confidential, to the Occupational Health Dept., Fairfax Hall