

MEDICAL RELEASE

TO: _____

FROM:

Date of Birth: _____

I, _____, of the city of _____, in the Province of _____, hereby authorize and direct you to discuss any relevant medical information related to my workplace accommodation needs with _____, advising medical physician to Carleton University.

And this shall be your full and irrevocable authority for so doing.

DATED at _____, this _____ day of _____, 2019.

WITNESS:

_____) _____
_____) _____
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_____) _____