

Authorization to Release Medical Information Form

ALVERNIA UNIVERSITY HEALTH AND WELLNESS CENTER EXPERIENTIAL LEARNING STUDENT HEALTH INFORMATION

All degree and certificate seeking Alvernia University students are required to submit a completed health record including a medical history form, immunizations, tuberculosis risk questionnaire, and current health insurance to the Health and Wellness Center.

Health records maintained by the Health and Wellness Center are confidential and will be released only with written permission. Students participating in experiential learning (i.e. internships, fieldwork, clinical, student teaching) are responsible for completing the "Authorization to Release Medical Information" (below) and submitting it to the Health and Wellness Center (located in Veronica Hall) in order to release information requested by internship sites. Students are responsible for maintaining communication with the Health and Wellness Center and for assuring that current information is on file in the Health and Wellness Center. This Authorization is in effect for your academic career at Alvernia University and may be revoked at the Health and Wellness Center.

Students and internship coordinators may request information from:

Claire Murphy, MD
Director of Health Services
Alvernia University
400 Saint Bernardine Street
Reading, PA 19607-1799

Phone: 610-568-1467
Fax: 610-796-8422

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, give my permission to Alvernia University Health and Wellness Center to release my health information relevant to the health requirements of my internship to my instructor, academic department, or appropriate representative at my internship site.

Information shared with Internship sites becomes part of the student's Education Record under FERPA. This includes, but is not limited to immunization records, physical exams, tuberculosis testing, and drug screens.

Print Name

Student ID number

Student Signature

Date

Internship Site (if known)

Major