Form 302

MEDICAL RECORDS – COPIES

PLEASE PRINT OR TYPE

Name of Injured Employee _____

Address _____

Social Security Number _____ Date of Injury _____

Phone Number _____

Name of Employer _____

Name of Industrial Health Care Provider _____

MEDICAL RECORDS NEEDED TO SUBSTANTIATE THE CLAIM OF THE ABOVE INDUSTRIAL INJURY/ILLNESS

(Only those checked are being requested)

_____ Histories and Physicals _____ Emergency Room Records _____ Discharge Summaries

_____ Radiological Reports _____ Specialized Testing Results

_____ Operative Reports Related to the Industrial Injury/Illness

_____ Physician Progress Notes and/or Specialized Reports (Alternatively, a summary of the patient's record may be made available to the claimant at the discretion of the physician.)

I have reviewed the above injured employee's claim and certify that the above medical records are needed to substantiate his/her industrial injury/illness.

_____ _____

Signature – Labor Commission Staff Date

*** Per Rule R612-300-10(C), the injured employee is entitled to one copy of the above checked medical records free of charge. However, if the records are requested by an injured workers' attorney, the medical provider may bill the attorney as per Rule R612-300-10(K).**

Industrial Accidents Division
Utah Labor Commission

***DO NOT SEND THE RECORDS TO THE LABOR COMMISSION. PLEASE RELEASE THE ABOVE MEDICAL RECORDS AND SEND OR GIVE THE ABOVE MEDICAL RECORDS TO THE INJURED EMPLOYEE.**