



Specializing in Healthcare Staffing Since 1995
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Medical Information Release Form

I, _____ hereby release my former employer(s) from any and all liability that may be related to my former employer(s) release of the information requested below.

I also further consent my former employer to release the information listed below to Ocean to Ocean Healthcare.

Employee Signature

Date