



AUTHORITY TO RELEASE MEDICAL INFORMATION

Employee's Authority:

I, _____(name), employed by Charles Sturt Cleaning Campus Services Limited, hereby authorise you to release to representatives of my employer, Charles Sturt Cleaning Services Limited, all relevant medical information regarding my illness to assist my employer to understand what, if any, impact my illness has on my employment and perspective return to work plan.

Employee:	
Signed:	
Dated:	

Doctors Details

Dr's Name:	
Address:	
Contact Details:	

Employer's Agreement:

I, Martin Dooner, representing Charles Sturt Cleaning Services Limited, hereby agree that this information will be maintained in confidence, and only shared with those person(s) dealing with this matter.

CSCS Representative :	
Signed:	
Dated:	