

AUTHORIZATION FOR RELEASE OF MEDICAL DATA

TO: MN Department of Labor and Industry
Office of Combative Sports
443 Lafayette Rd N
St. Paul, MN 55155-4341
(651) 666-9415 (office)
(651) 539-0269 (fax)

RE: Combatant Name: _____
Address: _____
Date of Birth: _____ Phone Number: _____
Email Address: _____

Request to Release Medical Data to which ABC Regulatory Body: _____

I hereby authorize the Minnesota Department of Labor and Industry, Office of Combative Sports (“OCS”) to release copies of any medical data maintained by OCS in its files relating to my licensure or application for licensure in Minnesota or medical suspension release. This release is a full and sufficient authorization, pursuant to Minn. Stat. § 144.291 -293 and the Minnesota Government Data Practices Act, to release and disclose all medical data to the Association of Boxing Commissions (“ABC”) regulatory body I have identified above.

Medical data shall include, but not be limited to, neurological examinations, ophthalmological examinations, all blood test results including those for HBV, HCV, HIV and pregnancy, pre-bout and post-bout medical examinations, electroencephalograms, echocardiograms, all drug testing, CT scans, X-rays, MRI and MRA films and any other medical data submitted to OCS for licensure or medical suspension release.

Upon receipt of this properly completed authorization, OCS may release information from their files on me that would not otherwise be accessible to the public. I understand that once this information is released, OCS does not control how it is used or further distributed by the recipient. A copy of this authorization may be used in the same manner and with the same effect as the original by OCS. This authorization is valid for one time only and only to release the requested information to the ABC regulatory body I have listed above. Upon fulfillment of the above-stated purpose, this authorization will automatically expire without express revocation.

Combatant’s Signature: _____ Date: _____