



International Association of Machinists and Aerospace Workers Local Lodge 2777 Authorization To View Medical Records

NAME: _____

CLASSIFICATION: _____ DEPARTMENT: _____

I hereby authorize the Company to allow representatives of the International Association of Machinists and Aerospace Workers, Local Lodge 2777, or their designee, to view my medical records.

I further authorize representatives of the International Association of Machinists and Aerospace Workers, Local Lodge 2777, or the designee, to make copies of any and/or all of said documents on my behalf.

This authorization shall remain in full force and effect unless revoked by me in writing, with a copy to the Union.

Signature: _____

Date: _____

Union Representative: _____

Company Representative: _____