



**COUNTY OF SAN JOAQUIN
HUMAN RESOURCES DIVISION**

44 N. San Joaquin Street, Suite 330
Stockton, California 95202
Telephone (209) 468-3370
Fax (209) 953-7330

LIMITED MEDICAL RELEASE

The information and relevant documentation requested is to support my request for reasonable accommodation from San Joaquin County. I, _____ authorize release of my physical and/or mental health information describing the nature, severity, duration, limiting impairment, activities limited by the impairment, medical restrictions, and any medical recommendations for accommodation.

Physician(s) to Contact: Please print clearly.

Physician Name:
Street Address:
City, State, ZIP:
Phone:
Comment::

Physician Name:
Street Address:
City, State, ZIP:
Phone:
Comment::

Employee Name (Please Print)

Employee Signature

Date