



**Department of  
Civil Service**

**EMPLOYEE HEALTH SERVICE**

AUTHORIZATION TO RELEASE CIVIL SERVICE LAW SECTION 72  
FITNESS FOR DUTY REFERRAL RECORDS TO AN AUTHORIZED  
REPRESENTATIVE

EHS-987

**THIS FORM SHOULD BE SUBMITTED ONLY TO YOUR EMPLOYER  
DO NOT SUBMIT THIS FORM TO THE EMPLOYEE HEALTH SERVICE**

I hereby authorize my appointing authority, (name of appointing authority) \_\_\_\_\_  
to release copies of the employer's request to the New York State Employee Department of Civil Service Health Service  
(EHS) or EHS-designated provider that I undergo a fitness for duty examination pursuant to Civil Service Law section 72,  
along with any written, electronic or other communications regarding the claim that I am unable to perform my duties, to  
the Authorized Representative named by me, below.

Name and Title of Authorized Representative: \_\_\_\_\_

Address of Authorized Representative: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address of Authorized Representative: \_\_\_\_\_

Telephone Number of Authorized Representative: \_\_\_\_\_

Fax Number of Authorized Representative: \_\_\_\_\_

(Provide as much information as possible.)

I understand that if I do not designate an Authorized Representative and sign and date this Form, no information or  
records regarding the fitness for duty examination request will be shared by my appointing authority pursuant to Civil  
Service Law section 72 with any third parties, except as otherwise required by law.

I understand that this Authorization applies only to the appointing authority's current request that I undergo a fitness for  
duty examination. Any future fitness for duty examinations will require completion of a new Authorization form.

**Please print out, sign, and date this form.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

The information which you are providing on this application is being requested pursuant to Section 72 of the New  
York State Civil Service Law for the principal purpose of identifying the Authorized Representative designated to  
receive the records described herein. This information will be used in accordance with Section 96(1) of the  
Personal Privacy Protection Law (PPPL), particularly subdivisions (a), (e) and (f). Failure to provide this  
information may prevent release of the subject records. This information will be maintained by the Personnel  
Office of the agency where you submit this Authorization. For further information, relating only to the PPPL, call  
(518) 457- 9375.