

University of Central Oklahoma
Master of Athletic Training Program
The Virginia Peters Department of Kinesiology
and Health Studies

Release of Medical/Health Information

I, _____ (Candidate's Name)
grant permission to the University of Central Oklahoma, Master of Athletic Training Program,
program director and faculty and staff to receive and have access to my medical records/medical
information for the purpose of evaluation related to the application process and clinical site
requirements. Any Medical information will be kept confidential in the program director's office and
in the student's secure digital folder.

The following information may be released:

- Immunization/Vaccination Records, TB, Flu, Covid-19
- Health History and/or Medical Physical Exam, including all tests and studies
- Drug Testing
- Other _____

I authorize the release of my medical records to the University of Central Oklahoma. Requested
information is to be used solely for the purpose of program admission and clinical assignment
requirement and may be used to assess my request for reasonable accommodation.

Print Full Name: _____

DOB: _____ Last 4 digits of SS# or UCO ID #: _____

Candidate's Signature

Date

Witness Signature

Date

Some records to be uploaded via JCGS application.

Program contact for questions:

Dr. Brian Bobier, DAT, M.Ed., LAT, ATC
Program Director
Master of Athletic Training Program
University of Central Oklahoma
Email: MATprogram@uco.edu
Office: (405) 974-5239

This information is being disclosed to the above individual/organization for the above stated purpose from records whose
confidentiality may be protected by Federal Law.