DWS-HCD 883
Rev. 09/2021

State of Utah
Department of Workforce Services

HEAT PROGRAM RELEASE OF MEDICAL INFORMATION AND DISABILITY VERIFICATION

Part A: Patient (HEAT Applicant): *Please Print*

I _____, authorize my medical provider, _____, to release to the State of Utah HEAT Program any information regarding my current physical condition as it relates to disability status.

/s/_____ _____

Signature of Patient or Designee | Date

Part B: Physician: Please complete the below information.

I certify that the above named patient is currently under my care, and I consider him/her disabled due to the condition(s) checked below:

- ☐ He or she cannot walk two hundred feet without stopping to rest
- ☐ Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive devices
- ☐ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest
- ☐ Uses portable oxygen
- ☐ Has a cardiac condition to the degree that the person's functional limitation is classified (according to American Heart Association standards) in severity as Class III or Class IV
- ☐ Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition
- ☐ Has the following medically determined physical or mental disability expected to last longer than six months. Describe: _____

Is the disability status considered PERMANENT? ..... ☐ Yes ☐ No

Date of Onset of Disability: _____

_____ /s/

Name of Physician | Signature of Physician

_____ _____

Office Telephone Number | Date

CONFIDENTIALITY STATEMENT

All HEAT workers have signed a confidentiality agreement with the State of Utah and are familiar with the laws regarding the confidentiality and transport of medical information.

This form must be emailed or faxed to the HEAT program by the doctor's office to be valid. Please return within 10 business days.

_____ _____ _____

HEAT Office Email Address | HEAT Office Fax Number | Intake Worker

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.