



State of Utah
Department of Workforce Services
**HEAT PROGRAM RELEASE OF MEDICAL INFORMATION
AND DISABILITY VERIFICATION**

HEAT Agency: _____
Case #: _____

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, or the physical condition of the person listed below, as it relates to disability status.

Disabled Individual: _____

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.

Is the disability status considered PERMANENT? ☐ Yes ☐ No

Date of Onset of Disability: _____

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.