



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.

**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

\_\_\_\_\_  
/s/  
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.