

AUTHORIZATION

To Permit Witness at Medical Examination

I,

Understand that I will be medically examined by a duly qualified health care provider paid by the employer, in connection with a workers' compensation claim. This is in accordance with the provisions of New Hampshire Revised Statutes Annotated 281-A:38. I understand that, if I want, I have the right to have a witness present who may observe and take notes but not interfere in the examination in any way. As part of this examination, my medical history and conditions will be discussed and I waive my right to privacy if I voluntarily allow a witness to be present on my behalf.

Date:

Signed