



## MQP Medical Clearance Process Fax Cover Sheet

**\*CONFIDENTIAL MEDICAL INFORMATION\***

Date: \_\_\_\_\_

To: Medical Qualifications Program

Fax: 866-338-6630

FYI: This fax number is an eFax. It will go securely into the medical exam email profile.

From:

HSQ Coordinator: \_\_\_\_\_

HSQ Coordinator Region/Unit: \_\_\_\_\_

HSQ Coordinator Phone Number: \_\_\_\_\_

HSQ Coordinator Email Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Check One:

HSQ attached \_\_\_ Medical exam attached \_\_\_ Additional Medical Info \_\_\_