



State of Delaware Magistrate Screening

Applicant Name: _____ **Application ID:** _____

MEDICAL WAIVER AND CONSENT

Please complete this Medical Waiver and Consent if you answered yes to any of the subparts of Section VIII, Question 21 of this Application. The Magistrate Screening Committee reserves the right to ask an Applicant to provide additional information or seek additional written consent for disclosure of medical or other information at any stage in the application process.

The undersigned applicant hereby waives the physician-patient privilege of confidentiality, does hereby consent that the Governor's Magistrate Screening Committee may examine and copy any and all medical records bearing upon applicant's present state of health in the custody of any physician or health care agency, and hereby authorizes the Governor's Magistrate Screening Committee to obtain from the applicant's physician(s), a full report of the applicant's present physical condition, and further authorizes said physician(s) to prepare and release such report to the Committee.

The undersigned Applicant acknowledges that this Medical Waiver and Consent expires three hundred and sixty-five (365) days after the below-listed date unless the Applicant notifies the Committee in writing of the Applicant's intent to revoke it prior to that expiration date. The Applicant understands that any action taken in reliance on this Medical Waiver and Consent cannot be reversed, and any such revocation will not affect those actions.

The Medical Waiver and Consent does not authorize re-disclosure of information obtained by the Magistrate's Screening Committee absent the express, written consent of the Applicant.

APPLICANT SIGNATURE: _____ **DATE:** _____

The undersigned, upon oath, deposes and states as follows: that he/she is the person whose signature appears hereinabove on the instrument entitled MEDICAL WAIVER AND CONSENT; that he/she has read the same and is aware of the content thereof; that the same is true and correct according to the best knowledge and belief of the undersigned; and that he/she executed the same freely and voluntarily.

APPLICANT SIGNATURE: _____ **DATE:** _____

Subscribed and sworn to before me this _____ day of _____ 20____.

NOTARY PUBLIC: _____

SEAL