

**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: _____