How to apply signature in Adobe Reader DC

after you have downloaded and successfully installed the program from the provided link

https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html?promoid=C4SZ2XDR&mv=other

Open file you'd like to sign using Adobe Reader. Once open click on 'Fill & Sign' Icon

Home	Tools	Medical Release.pdf ×		🗇 🌲 Sign In		
□ ☆	ቀ 🖶	Q	⊕ @ <u>1</u> / 1 🕨 ⊕ ⊕ ⊕ <u>175%</u> • 📅 🐺 🛱 🖉 & & 🗘	a Share		
				Search 'Edit Text'		
				💦 Export PDF 🗸 🗸		
				Create PDF		
				Edit PDF		
			ELEASE OF MEDICAL INFORMATION	Comment		
	Since	April 2003 the Health In	surance Portability and Accountability Act (HIPAA) requires you to complete the form	combine Files		
	for ye	for your healthcare provider to share protected health information with the school district. Please complete, sign and give the				
	form	to your healthcare provide	r and/or to your school nurse to avoid delays.	🔏 Redact		
	Stud	ent Name	Date of Birth	Protect		
	Phys	sician's Name		Compress PDE		
	Phys	sician's Street Addres	8	Que Fill & Sign		
	Phys	sician's City, State Zi		Send for Review		
	Phys	sician's Telephone	Physican's Fax	Kon More Tools		
	Ant	horization for Releas	e of Records.			
				Protect		
				Compress PDF		
				🙇 Fill & Sign		
Fron	ו the	re click the 'Fill	and Sign' link under 'You'	🔓 Send for Review		
			-			

Who needs	to fill and sign?
×	
You Fill form fields, add text and draw or type your signature.	Others Add signers, mark where to fill and sign, send it out and track progress.
Fill and sign	Request signatures

Scroll to the section of the document you would like to insert you Signature.

Click the 'Sign' 🖄 Icon in the toolbar									
Medical Release.pdf - Adobe Acrobat Reader DC		-							
Home Tools Medical Release.pdf ×		🗇 🌲 Sign In							
□ ☆ ⊕ ⊟ Q	⊕ 🚯 1 / 1 🖡 🖑 💬 🕂 197% - 🔂 - 🤯	1 ₀ Share							
Fill & Sign	IAb X Y O - 🖉 Śign 🗨	Next Close							

Click the Add Signature Plus + icon



From here you will see a new window to type, draw or upload an Image of your signature Click the Draw Icon and sign in the box provided. If you need to retry your signature click 'Clear' Click Apply

Tipe Tipe	Care Image
	1
Anh	
• <i>·</i> · · · · · · · · · ·	
Save signature	icel Apply

Place the signature in the desired location on the document. You make adjust the size using the blue circle in the bottom right corner of the signature box.

proof of immunization is not provided within school while denied and the local health aut Signature of Parent/Guardian 6) When you save a form with a signature or initials you will no longer be able to edit the I furth l's physician to re-

After placing your signature click 'Close' on the Fill & Sign toolbar



You must now 'Save the document as a new PDF for upload.

Click the Disk Icon

File I	dit	View	Wind	ow	Help				
Hor	ne	То	ols		Me	dica	Release.pdf	×	
	ť	3 (P	8		\triangleleft	Q		

Choose a location to save the file.

You may now share the file as needed with the signature embedded into the file.