

Consent to application for and release of personal medical information

General

Sometimes it is necessary for an Occupational Health Nurse or Doctor to write to your General Practitioner or Specialist in order to obtain information about your health. This is so that the nurse or doctor can advise your employer about your fitness for work. This form is used to show that you have given your consent to such information being obtained and understand your rights under the Access to Medical Reports Act 1988 which are as follows:

- a. You can refuse to give your consent if you wish.
- b. If you have given your consent, you may want the report to be sent directly to the Occupational Health Nurse or Doctor OR you can ask to see your doctor's report first. If you wish to see the report first it is up to you to make arrangements with the doctor providing it. If you have not made these arrangements within 21 days the doctor providing the report will go ahead and send it to the Occupational Health Nurse or Doctor who requested it.

The 21-day period will begin on.... (Date)

- c. If you see the report first you can ask for it to be altered if you think that it is incorrect or misleading, and you must do this in writing. If your doctor does not agree, then you will be invited to prepare a written statement to be included with the report when it is sent. Whatever happens you have the right to withdraw your consent so that the report is not sent to the Occupational Health Nurse or Doctor at all.
- d. For a period of 6 months after the report has been sent to the Occupational Health Nurse or Doctor you still have the right to see the report but must make your own arrangements with the doctor who provided it. The doctor should only charge you a fee if you want a copy of the report to keep.
- e. In rare circumstances your doctor may allow you to see only part of the report because he or she considers that some of the information it contains may cause serious harm to your physical or mental health. This is a very uncommon occurrence.

Information Please provide the following information:

- | | |
|--|--------------------------------|
| 1. Surname | 2. Title Mr/Mrs/Miss/Ms/Other* |
| <hr/> | |
| 3. Forenames | 4. Date of birth |
| <hr/> | |
| 5. Grade | 6. Business/location |
| <hr/> | |
| 7. Your home address | |
| <hr/> | |
| 8. Full name and address of your Family Doctor / Hospital Specialist | |
| <hr/> | |

Declaration

Please read this declaration, cross out the parts that do not apply, and then sign it to show your consent.

I do / I do not consent to the Occupational Health Nurse or Doctor applying to my Doctor or Specialist for a medical report about me.

I do / I do not wish to see my Doctor's report before it is sent.

I understand that the information given will be retained by the Occupational Health Nurse or Doctor on a confidential basis and that any advice given to Management will be expressed in terms of my fitness to carry out my duties both now and in the future.

Signed:

Date: