



CONSENT FORM FOR OCCUPATIONAL HEALTH ASSESSMENT

You have been referred for an Occupational Health assessment for advice to be provided on how your health and work interact. The use of personal sensitive information is regulated in law by the Data Protection Act 1998 and covered by the ethical requirements of the General medical Council/Nursing & Midwifery Council, therefore this form assists in compliance with these requirements. The Access to Medical Reports Act 1988 does not apply in relation to this Occupational Health assessment as the professional who examines you is not responsible for your clinical care; instead the professional is acting as an independent medical/nurse adviser.

SECTION A: EMPLOYER'S DETAILS

Name of Company:

Name of referrer:

Reason for referral (Please delete as appropriate):

1. Pre-employment
2. Management/HR Referral
3. Other (please state):

SECTION B: EMPLOYEE'S DETAILS

Title:

Forename(s):

Surname(s):

Date of Birth:

Job Title:

Address:

Home Telephone Number:

Mobile Telephone Number:



SECTION C- EMPLOYEE'S CONSENT:

Part 1:

I can confirm that the nature and purpose of this assessment has been explained to me. I fully comprehend that the assessment may include a physical examination and/or additional tests if necessary and, if required, the nature and purpose of which will be explained to me at the time of assessment. I agree to undergo this consultation for the purposes of a report being prepared by the occupational health adviser/physician, including recommendations about my fitness for work. I understand that in some rare circumstances information may have to be released without my consent, e.g. if the safety of others may be at risk or if required in law.

Signed: _____

Date: _____

Part 2:

I give my consent for an occupational health report to be supplied in confidence to my employer. The report will only include limited, relevant information about my medical conditions. I understand that I shall be sent a copy of the report at the same time as it is sent to my employer unless I express otherwise.

If you wish to have access to the report before it is sent, your employer will be advised of this.

I expressly consent that I **do/do not*** wish to have access to the report before it is sent to the commissioner of the report.

(*please delete as appropriate)

Signed: _____

Date: _____

Part 3:

I wish to receive a copy of the report at the same time as it is sent to the commissioner of the report.

Signed: _____

Date: _____