

Consent to Process my Medical Information

In signing this form, I confirm my explicit consent within the meaning of the Data Protection Act 1998 for Team Prevent to process my personal information which may include electronic storage of my personal and medical information. I understand that my information will be held securely and if I wish to gain access to my medical information I can do so by requesting it in writing, but may have to pay an admin fee if a copy of my record is required.

Signed: Print: Date:

Consent for Disclosure of Medical Information

I hereby consent to a medical report being supplied in confidence to the Medical Advisor at Team Prevent Occupational Health Care. I understand that the Occupational Health Service will treat clinical details in the report in professional confidence but that advice based on it may be given to my employer. I understand my rights under the Access to Medical Reports Act 1988, and have read understood the summary of my principal rights under the Act.

I do*/do not wish to have access to the medical report before it is supplied.

*Delete as appropriate

Name:

Address:

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Date of Birth:

Name of GP:

Address:

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Tel No:

Name of Specialist:

Address:

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Signed: Print: Date: