#### REQUEST FOR ACCESS TO OCCUPATIONAL HEALTH RECORDS

#### FORM 1

If you request access to part or whole of your health record, please complete

the following form and return it to the Occupational Health Department.

Please write in CAPITAL letters and use black ink. Return the completed form to the Occupational Health Service by post to: Senior Occupational Health Adviser, Occupational Health Department, Room A1.01, Wheatley Campus, Wheatley OX33 1HX

# Your details

|  |  |
| --- | --- |
| Full Name: |  |
| Staff Number:  P00…… |  |
| Address to which records are to be sent:  Your Date of Birth: |  |
|  |
|  |
|  |
|  |
| Your Telephone Number: |  |

# Your health records you require

|  |  |
| --- | --- |
| What record or part thereof do you require access to: |  |
| Do you require a copy of the record: | Circle the correct answer: YES / NO |

**DECLARATION**

I declare that the information given by me is correct to the best of my knowledge, and that I am entitled to apply for access to the health record referred to above under terms of the Data Protection Act 1998 "Subject Access".

|  |  |
| --- | --- |
| **Signature and Date** | Signed:  Date: |

#### Please Note: If you request access to part or whole of your health record, we need you to provide us with sufficient information for us to verify your identity.