Occupational Health Department

Consent to release report under Access to Medical Reports Act 1988 and The Employment Practices Code

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Date of Birth:** |  |
| **Faculty/Directorate:** |  |
| **Managers Name:** |  |
| **Human Resources Name:** |  |
| **Home Address:** |  |

I have requested to see the Occupational Health report from the OH Physician dated *(inset date)* containing details of my medical condition and his advice to management.

\*\* I confirm that I have seen the report and am happy for the full report to be released to my Line Manager and HR

\*\* I confirm that I have seen the report and do not wish the full report to be released to my Line Manager and HR

*\*\* delete as appropriate*

|  |  |
| --- | --- |
| **Signature:** | **Date:** |
| **Print Name:** | |