**Consent to attend an Occupational Health Assessment/Medical Review**

|  |  |
| --- | --- |
| **School** |  |
| **Employee Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone number** |  |
| **Personal email address** |  |

The reasons for a medical review have been explained to me.

I have been informed of my principal rights under the Access to Medical Reports Act 1988 and understand my rights under the Act.

I understand that Occupational Health and the Academy treats personal data collected while seeking a medical report in accordance with the organisation's [data protection policy](https://www.xperthr.co.uk/policies-and-documents/data-protection-policy-compliant-with-the-gdpr-/162690/)  on processing special categories of personal data.

|  |  |
| --- | --- |
| **Doctor’s name (GP)** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone number** |  |

*If applicable Hospital Consultant’s details:*

|  |  |
| --- | --- |
| **Consultant’s Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone number** |  |

I consent/do not consent\* to a medical review by Occupational Health.

I consent / do not consent\* to a medical report being supplied to my employer

I do/do not\* wish to have access to the medical report before it is sent.  
**\*Delete as necessary**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature:­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_