

Valentine Occupational Health Employee Consent Form

Please provide the following information. We may use these details to contact you regarding the Occupational Health (OH) referral.

First Name:		Surname:	
Home Address: Including Postcode		Date of Birth:	
Email Address:			
Home Tel. Number		Mobile Tel. Number	

I confirm that I understand the nature and purpose of the assessment and that it may include a physical examination.

I understand a report will be sent to my employer based upon the assessment. I understand the purpose of the report is to provide information to my manager/employer to allow them to address health-related issues that may impact on my health and safety at work, work performance, and/or future employment.

I understand that I can decline the release of the report to my employer and that my employer may then make further employment related decisions without the benefit of specialist advice. I understand my rights to remove my consent at any time during the management referral process.

The OH Clinician will be offering the following options in respect of the report that is produced following your appointment. This will be explained further and agreed upon with you during the consultation itself.

- 1. I do not require a copy of the Occupational Health report.*
- 2. I would like a copy at the same time it is sent to my Employer.*
- 3. I would like to see a copy of the Occupational Health report before it is sent to my Employer.*

I confirm that I am aware that the OH Service will collect and process my data, as defined by the current data protection legislation, to provide occupational health advice and may give advice based on the information contained in the referral without an assessment.

I understand that although this form will be treated in medical confidence, further medical information may be requested from my Doctor or Treating Specialist if considered necessary, subject to further consent.

Name: _____

Signature: _____

Date: _____