Medical report consent form

Form to give to an employee when the employer wishes to obtain a medical report from the employee’s GP.

Request for medical information

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| **EMPLOYEE DETAILS** | |
| **Name** | **Date of birth** |
| **Job title** | |
| **Employer’s name and address** | |
| **Home address** | |
| **Home phone no: Mobile No:** | |
| **GP DETAILS** | |
| **Name** | **Telephone no:** |
| **Address** | |
| **SPECIALIST’S DETAILS (if applicable)** | |
| **Name** | **Telephone no:** |
| **Address** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *In order for a medical examination to be completed on an employee or candidate for employment, the individual is required to give their consent. This form is to be completed by each employee or applicant who is required to undergo a health check subsequent to an offer of employment.*  I declare that I:   |  |  |  |  | | --- | --- | --- | --- | | consent |  | Do not consent |  |   to the provision of a medical report by my GP to my employer, and I:   |  |  |  |  | | --- | --- | --- | --- | | wish |  | Do not wish |  |   to see the report before it is sent.  I confirm that I have been made aware of my rights under the Access to Medical Reports Act 1988. | |
| Name |  |
| Signature |  |
| Date |  |

**Notes**

You have a right to withhold consent to the examination and if this is your wish, you should indicate this above. However, your refusal may unfortunately require us to make a determination on your employment based solely on the facts available to us at the time.

Employee rights under the Access to Medical Reports Act 1988

This note sets out your statutory rights in relation to the above and explains the procedure to follow when applying these rights. As your employer, we (or our representative, such as an Occupational Health Adviser/Practitioner), are not permitted to apply for a medical report from a doctor who has been responsible for your physical or mental health care without your consent. The consent form attached to these notes also asks, in accordance with your rights, whether you wish to see the medical report before it is sent. Please complete the details requested and tick the appropriate boxes to indicate your wishes.

If you decide that you would like to see the report first, then your doctor will be informed of this and you will be notified in writing of the date on which we actually apply for the medical report. You will then have 21 days in which to make the arrangements yourself to see the report. Whilst there is no charge for reading the report, if you arrange with your doctor to have the report photocopied and, if necessary, posted to you, the doctor may charge a reasonable fee to cover the cost of doing so.

If you do not indicate on the consent form that you wish to see the report but later change your mind, you will be able to notify your doctor that you wish to see the report before it is sent to us. You will then have 21 days from the date of your notification to your doctor to make arrangements to see the report.

If, following notification to the doctor, you have seen the report; your doctor will not be able to supply the report to us without your written consent. Having seen the report, you will be entitled to request that your doctor amend any part of the report which you consider inaccurate or misleading. If your doctor does not agree to amend the report as requested, you will be able to attach a written statement to the report giving your views on its contents.

Whether or not you decide to see the report, your doctor will be obliged to keep a copy of the report for at least 6 months after the date it was supplied to us and you are entitled to have access to that report.

Please note that your doctor is not obliged to let you see any parts of the medical reports that he/she believes will be likely to cause serious harm to your physical or mental health or that of others, or which would reveal information about another person, or the identity of a person who has supplied the doctor with information about your health, unless that person also consents. In those circumstances your doctor will notify you and you will be limited to seeing any remaining parts of the report.

Data Protection Act 1998/Code of Practice provisions

By signing this consent form, you are giving your explicit consent to the processing of this sensitive personal data.