

Surname:		Forename:	
Address			Date of Birth
Company Name		Site	Job Title
Email Address:			

Individual's Consent for an Occupational Health Assessment Report to Company Name or Individual Manager (please TICK as appropriate)

- I confirm that the nature and purpose of the OHAR has been explained to me. I consent to undergo this assessment.
- I am aware that the Occupational Health Doctor/Nurse will provide a medical report to Company Name or Individual Manager, subject to my consent below.
- I do not wish to receive a copy of the medical report.
- I wish to receive a copy of the medical report at the same time that it is sent to the company.
- I wish to receive a copy of the report before it is sent to the company. I understand that I can ask for any inaccurate facts in the report to be amended, that I can provide comments which will be attached to the report and that I can withdraw consent for the report to be sent to the company.

SIGNATURE:

DATE: