**APPLICATION FOR A MEDICAL REPORT - EMPLOYEE CONSENT FORM**

Name: ………………………………………………………………………………… DOB: ……………………

Address: …………………………………………………………………………………….

…………………………………………………………………………………………………….

Name of Medical Practitioner: …………………………………………………..

Address: …………………………………………………………………………………….

…………………………………………………………………………………………………….

I hereby consent to a medical report being supplied in confidence to:

**Dr / OH Adviser, Title**

I understand my rights under the Access to Medical Reports Act 1988, and have read the summary of my principal rights under the Act attached to this form.

**I do / do not wish** to have access to the medical report before it is supplied. I have been advised to contact my GP/Specialist within 21 days to view the report.

**Signed** ……………………………………….. **Date** ……………………………………

oh Occupational Health and Wellbeing

Box 172

Addenbrooke’s NHS Trust

Direct Tel: (01223) 216767

**ACCESS TO MEDICAL REPORTS ACT 1988**

This is an explanation of your rights under the Act. You are advised to keep this note for future reference.

The Access to Medical Reports Act 1988 is concerned with reports provided for employment or insurance purposes by a medical practitioner who is, or has been, responsible for your clinical care.

**OPTION A**: You may withhold your consent to an application for the report from a medical practitioner.

**OPTION B**: You may consent to the application, but indicate your wish to see the report before it is supplied.

 The medical practitioner will be informed that you wish to see the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. (You must make the necessary arrangements with the medical practitioner to see the report; it will not be sent to you automatically.) if the medical practitioner had not heard from you in writing within 21 days of the application being made he or she will assume that you do not wish to see the report and that you consent to its being supplied.

 When you see the report, if you feel that it contains any incorrect or misleading information, you can ask in writing for it to be amended. If the medical practitioner refused to amend it you may:

1. Withdraw your consent for the report to be issued;
2. Ask the medical practitioner to attach a statement to the report setting out your own views;
3. Agree to the report being issued unchanged

 Note: The medical practitioner will tell you if you cannot see any part of the report for professional medical reasons.

**OPTION C**: You may consent to the application for the report but indicate that you do not wish to see the report before it is supplied. Should you change your mind after the application is made and notify the medical practitioner in writing he or she should allow 21 days after such notification so that you may arrange to see the report (providing the report has not already been supplied before you changed your mind).

**OPTION D**: Whether or not you decide to seek access to the report before it is supplied, you have the right to seek access to it from the medical practitioner at any time up to 6 months after it was supplied.

Please note that where a copy of the medical report is supplied to the medical practitioner may charge a reasonable fee to cover the cost of supplying it.