This is a summary of your principal rights under the Act, which 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. (You must make the necessary arrangements with the medical practitioner to see the report – it will not be sent to you automatically.) The medical practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the medical practitioner has not heard from you in writing within 21 days of the application for the report being made he/she will assume that you do not wish to see the report and that you consent to it being supplied.

When you see the report, if there is anything in it that you consider incorrect or misleading you can request (but this request must be in writing) that the medical practitioner amends the report, but he/she is not obliged to do so. If the medical practitioner refuses to amend the report, you may:

(i) withdraw your consent for the report to be issued;
(ii) ask the medical practitioner to attach to the report a statement setting out your own view;
(iii) agree to the report being issued unchanged.

**NOTE:** The medical practitioner is not obliged to show you any parts of the report which he/she believes might cause serious harm to your physical or mental health or that of others, or which would reveal information about the identity of a third party who has supplied the practitioner with the information about your health unless the third party also consents. In these circumstances, the medical practitioner will so inform you, and your access to the report will be appropriately limited.

**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, notify the medical practitioner in writing, he/she should allow 21 days to elapse after such notification so that you may arrange to have access to the report (if the report has not already been supplied before you change 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 you, the practitioner may charge a reasonable fee to cover the cost of supplying it.
This form is to be completed in all cases by an employee before any request for a medical report is made by the Occupational Health Adviser to another doctor for the purpose of:

a. Assessing fitness to fulfill the job role;
b. Predicting future fitness to return to work;
c. Other.

Consent

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

a. I agree that Henrietta Vale, Occupational Health Adviser/Occupational Health Physician may provide in confidence a medical report about my fitness to work to management.

b. I agree that my own General Practitioner/Consultant may provide a medical report in strict confidence to the Occupational Health Adviser/Physician.

I DO
☐ I DO NOT

Wish to have access to this medical report before it is provided by my own Doctor to Henrietta Vale, Occupational Health Adviser/Occupational Health Physician.

Surname: ___________________________ Forenames: ___________________________
Title: ___________________________ Sex: ___________________________ Date of Birth: ___________________________
Address: ___________________________
Postcode: ___________________________ Telephone number: ___________________________

Name of General Practitioner: ___________________________
Surgery Name & Address: ___________________________
Postcode: ___________________________ Telephone number: ___________________________

Name of Hospital Consultant: ___________________________
Surgery Name & Address: ___________________________
Postcode: ___________________________ Telephone number: ___________________________

Signature: ___________________________ Date: ___________________________