

## H4 – Access to Medical Reports Act 1988: Consent Form H&SHS02

The company may wish to obtain a report about your health for employment purposes. This report is covered by the Access to Medical Reports Act 1988, which gives you certain rights. Your permission to acquire a report must be obtained in writing, and there is a space at the bottom of this form for you to agree that a report may be obtained.

A summary of your rights is given below. You will be given a note with this form explaining your rights in more detail. You should keep the explanatory note in case you need to refer to it later.

- You may refuse to allow the company to apply for a medical report from any doctor who has looked after you.
- If you allow a report to be obtained, you may see it before it is sent to the company.
- If you see it before it is sent, you may ask the doctor to alter it if you consider it to be misleading or inaccurate; if the doctor will not alter it, you can attach a statement offering your point of view or you can refuse to allow the report to be sent.
- In any event, you may obtain a copy of the report at any time up to six months after it was sent.

If you exercise your right to refuse the company access to a medical report, the company will deal with you as fairly as possible, basing its judgment on the information it has available at the time.

### Consent form

1. I have received details of my rights under the Access to Medical Report Act 1988, a summary of which is shown above.
2. I hereby give consent for my employer to apply for a medical report on my health, for employment purposes, from any doctor I have consulted or may consult.
3. I understand that if I give my consent, an application made to the doctor(s) named will be immediate.
4. I do/do not\* wish to see the report before it is supplied.
5. If I do see the report before it is supplied, I understand I have 21 days from the date below to contact the doctor(s) named below to make arrangements to see the report.

\* Delete as appropriate

Doctor(s) to whom application for a medical report will be made:

Name ..... Name .....

Address ..... Address .....

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Tel ..... Tel .....

Signed ..... Date .....

