Occupational Health
Employee Referral Consent Form

Section A: to be completed by the Referring Manager

Name: Date:

Job Title: Signature:

Section B: to be completed by the Employee

- I confirm that the nature and purpose of the referral and assessment has been explained to me
- I understand that the assessment may include a physical examination and / or additional tests as appropriate and their nature and purpose will be explained to me.
- I confirm I understand that my signed consent will be sought by Occupational Health if a verbal or written report is required from my General Practitioner or Consultant
- I understand that the Access to Medical Reports Act 1988 does not apply in this situation, as the doctor who assesses you is not responsible for your clinical care. He / She is acting in an independent capacity as a medical adviser to your employer.

Name: Date:

Job Title: Signature: