## **Occupational Health Consent Form**

#### Your Details:

Please provide the following information in CAPITALS. We may use these details to contact you regarding the Occupational Health (OH) referral.

First Name:	Surname:	
Home Address: Including Postcode	Date of Birth:	
Email Address*:		
Home Tel. Number	Mobile Tel. Number	

\*The email address you provide will be used to send you a copy of the report if you request one, so ensure it is clear and suitable for that purpose. If you do not provide one, your report will be sent by post to the address you have provided.

I confirm that I understand and agree that:

- The reason and purpose of the Occupational Health referral has been explained to me by my employer and I am willing to undergo the Occupational Health assessment.
- Following the assessment, an Occupational Health report can be sent to my referrer with my consent. The report may include independent and impartial advice about my fitness or ability to work due to my health, the effect of my work on my health, and suggestions for support, restrictions, and adjustments.
- My Occupational Health assessment may include a physical examination and/or tests but these will be explained to me if they are required.
- My personal and medical information will be maintained and processed confidentially by Health Assured staff, in accordance with UK GDPR and the Data Protection Act 2018. Further information is available in our Privacy Notice on our website www.healthassured.co.uk/privacy-policy.

l do l do not	consent to Health Assured sending a short survey, to the email address provided, at the conclusion of my assessment, regarding the service provided.	
Name:		
Signature:	 Date:	

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Should you wish to, you can withdraw your consent at any time by calling the Occupational Health team on 0800 756 0892 or by emailing occhealth@healthassured.co.uk.

### **Contact Us**

Health Assured can be contacted on:

0800 756 0892

or by emailing:

occhealth@healthassured.co.uk

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