



CONSENT FORM

Please note that before completing all parts of this consent form, you have carefully read the '**Access to Medical Reports Act 1988**'.

PART 1

<u>PERSONAL DETAILS</u>	
Name:	
Maiden Name:	
Date of Birth:	
Address:	
Telephone Number:	
Name of Medical Practitioner:	
Address of Medical Practitioner:	
Telephone Number of Medical Practitioner:	

PART 2:

I hereby consent to a medical report being supplied in confidence to a
Company Medical Adviser (please provide names of Medical Advisers below):

I have read the '**Access to Medical Reports Act 1988**' and fully understand
my rights under this Act.

I do/ do not (please delete option irrelevant option) wish to have access to the
medical report before it is supplied.

Signed: _____

Date: _____