**In order to complete the IHR Certificate as part of your application for Ill Health Retirement, OH needs your written consent to progress with this.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A: Personal Details** please complete all details | | | | | | | |
| Surname: |  | | | | | | |
|  |  | | | | | | |
| Forename (s): |  | | | | | | |
|  |  | | | | | | |
| Title: | Mr | Mrs | Miss | Ms | Other: | Date of Birth: | |
|  | | | | | | | |
| Home Address  Town/City:  County:  Post code: | |  | | | | | |
|  | | | | | | | |
| Employer’s Name: | |  | | | | | |
| Employee Number: | |  | | | | | |
| Function: | |  | | | | | |
| ACC Cluster: | |  | | | | | |
|  | | | | | | | |
| Contact Telephone No.  Home:  Current Work:  Mobile: | |  | | | | | |
|  | | | | | | | |
| **Part B: Consent Declaration** please answer each question by ticking yes / no | | | | | | | |
| I **agree** to OHcompleting the IHR Certificate | | | | | | Yes | No |
|  | | | | | | | |
| I understand and **agree** that the report may be written based on the information in my occupational health file from previous consultations. | | | | | | Yes | No |
|  | | | | | | | |
| I **agree** to attend an appointment with an Occupational Physician, if necessary | | | | | | Yes | No |
|  | | | | | | | |
| I **agree** to take part in a telephone consultation with an Occupational Physician if necessary | | | | | | Yes | No |
|  | | | | | | | |
| I **agree** to my General Practitioner, and if necessary the Specialist I am attending, giving information about my medical condition, if requested by OH. | | | | | | Yes | No |

|  |  |
| --- | --- |
| **Access to Medical Reports Act 1988** | |
| Under the terms of the above Act you have the right to withhold your consent to OH to apply to your General Practitioner / Hospital Specialist for medical information.  If you give your consent you have the right to see the information in the report before is it sent to OH.  You have 21 days from the date of the letter notifying you that a report has been requested, in which to ask your General Practitioner / Hospital Specialist to let you see the report. They will tell you if you cannot see any part of the report for professional medical reasons. If you are given access to the report your General Practitioner / Hospital Specialist will not sent it to OHuntil you give your consent.  If you regard any information in the report as incorrect or misleading you can ask, in writing, for it to be amended. (Please note, if your General Practitioner / Hospital Specialist does not accept that the information is incorrect or misleading, that are not required to make any amendments, but in these cases, they will invite you to prepare a written statement on the disputed information, which will be attached to the report when it is sent to OH).  Subject to the provision of the Act, you have the right to see information about your medical condition for up to six months after is has been sent to OH. If you General Practitioner / Hospital Specialist gives you a copy of the report, they may charge you a reasonable fee to cover the cost of supplying it. | |
|  | |
| **Data Protection Act 2018** | |
| Access to the Medical Reports Act 2018 does not affect an individual’s right to make as access request in relation to their personal data in accordance with the DPA 2018. | |
|  | |
| **Part C: General Practitioner Details** | |
| GP Name: |  |
|  | |
| GP Address  Town/City:  County:  Postcode: |  |
|  | |
| Telephone number: |  |
|  | |
| **Part D: Hospital Specialist Details** | |
| Specialist Name: |  |
|  | |
| Specialist Address  Town/City:  County:  Postcode: |  |
|  | |
| Telephone number: |  |
|  | |
| Hospital Registration No: |  |

|  |  |
| --- | --- |
| Signed: | |
|  | |
| Print Name: | Date: |