Medical Report Consent Form

NWF Facilities Ltd

This form is used to obtain an employee's consent to request and process medical reports from a General Practitioner (GP) or other relevant medical professional in accordance with the Access to Medical Reports Act 1988 and the Data Protection Act 2018.

# Section 1: Employee Details

* Full Name:
* Date of Birth:
* Job Title:
* Department:
* Contact Number:
* Email Address:

# Section 2: GP / Medical Practitioner Information

* GP/Practice Name:
* GP Address:
* GP Contact Number:

# Section 3: Purpose of Medical Report

The purpose of obtaining this report is to assess your fitness for work, support adjustments to duties where appropriate, or to support absence management or occupational health review processes.

# Section 4: Consent Declaration

I confirm that:

* I give my explicit consent for NWF Facilities Ltd to request a medical report from my GP or relevant medical practitioner.
* I understand my rights under the Access to Medical Reports Act 1988, including the right to see the report before it is sent to the company.
* I understand that the information will be used solely for employment-related decisions and stored in compliance with the Data Protection Act 2018 and UK GDPR.
* I am aware that I can withdraw my consent at any time before the report is provided.

# Section 5: Employee Authorisation

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 6: Company Representative (For Internal Use)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_