

STAFF SAFETY & WELLBEING

**Consent for Release of Occupational Health Records
(OH12 Form)**



Student name

Date of Birth

Term time address and phone number

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Home address and phone number

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I give consent to Staff Wellbeing & Safety to release to the Occupational Health Department of my next medical school the following information if contained in my Occupational Health records:

- Health Questionnaire
- Immunisation Details
- Occupational Health Clinical Notes
- Occupational Health Reports to the University
- Reports received from my GP or Specialist.

Name of Student

Signature of Student

Date of Signature

Medical School transferring to
