

Occupational Health & Wellbeing

Consent for Release of Occupational Health Records (OH12 Form)

Student name			
Date of Birth		Telephone Number	
Term time Address			
Home address			
Email Address (see note below)			
Medical School transferring to			

Note: Can you please provide an email address that NHS Fife, Occupational Health & Wellbeing can use to send you details of your full immunisation history for your future use. Please note that your full immunisation history is included in your complete Occupational Health record and, with your consent, be sent to the Occupational Health Department of your next medical school.

I give consent to NHS Fife Occupational Health & Wellbeing to release to the Occupational Health Department of my next medical school my complete Occupational Health record.

Signature of Student		Date	
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