

Cherries Medical Group – Employee Consent Form

Your employer is referring you to an independent occupational health company for consultation. The purpose of this consultation is to produce an impartial advisory report which both you and your employer will be able to read. The aim is to produce this report within 48 hours of the initial consultation.

To confirm your participation in this process, you must provide written consent. Your consent covers your participation in the entire process from start to finish, including:

- (a) Making yourself available for an appointment
- (b) Confirming an appointment date, time, and location with the occupational health provider
- (c) Attending the appointment on time
- (d) A written report being produced which will be available to both you and your employer

1. Consent for Occupational Health Involvement

I understand that I am being referred to Occupational Health for a management consultation to write an impartial advisory report. I consent to Cherries Medical Group collecting, processing, and storing my health information for the purposes of occupational health management.

2. Communication and Disclosure

I give permission for relevant medical and health information to be discussed between myself, the occupational health professional, and my line manager, limited to information directly relevant to fitness for work or reasonable adjustments.

3. Access to Medical Records

Do you give us permission to contact your GP surgery on your behalf for access to any relevant medical records (if required)?

☐ Yes ☐ No

If Yes, please kindly provide:

GP Surgery Name: _____

GP Surgery Address: _____

4. What Happens After Your Consultation?

After the consultation, the occupational health expert will prepare an impartial advisory report. This report will include details from the consultation, as they relate to the matters instructed upon. The report will be emailed to the address provided on this form before it is sent to your employer. You will have the opportunity to review the report and notify us of any factual inaccuracies that may require correction. Any changes you request will be reviewed by our team and, if necessary, referred to the doctor for confirmation. We will inform you of any updates made based on your feedback or provide an explanation if the requested changes cannot be implemented. If we do not receive a response from you within 48 hours of the email being sent, the report will be automatically forwarded to your employer.

Employee Signature: _____

Date: _____

Mobile Number: _____

Email Address: _____