

Consent Form



Before you complete this form, please read our privacy notice at www.medigold-health.com/mghprivacynotice (QR code provided below)

A new consent form is required for each appointment that you attend. This consent form supersedes all others. Please make sure that the details you provide below are correct and completed clearly and in full.



Your Details (Please make sure that you complete the following information in CAPITALS.)

| | | | |
|---|--|----------------|--|
| YOUR FULL NAME: | | | |
| YOUR HOME ADDRESS: | | | |
| POSTCODE: | | DATE OF BIRTH: | |
| MOBILE NUMBER: | | EMP REF: | |
| PERSONAL EMAIL: * | | | |
| <i>* If you request to see a copy of your report, we will only forward copies to a personal email address. Please make sure that you provide a suitable personal email for this purpose and that you write this clearly. Without a suitable or clearly written personal email address, all correspondence will be posted to the home address provided above.</i> | | | |
| NAME OF EMPLOYER/EMPLOYER REPRESENTATIVE: ** | | | |
| <i>**All references below to employer apply equally to an employer representative where applicable.</i> | | | |

I confirm that I understand and agree that:

The nature and purpose of this appointment has been explained to me by my employer, and I am willing to attend the appointment.

If my appointment is an occupational health referral, a report will be prepared for my employer. The report may contain occupational health recommendations about my current and potential future fitness for work, likely timescales and may include suggestions for reasonable adjustments. This report will only include relevant information about my medical conditions, as they relate to my role.

If my appointment is completed face to face, this may need to include a physical examination and/or additional tests. If this is required, the nature of the examination or tests will be explained to me by the examining clinician.

If my appointment is for receiving any vaccinations, I may be asked to complete a health questionnaire to make sure that it is appropriate for the vaccination to be provided to me, and that the process will be explained to me by the person giving the vaccination.

If my appointment means that I am providing a blood sample, I may be asked to complete a health questionnaire to make sure it is appropriate to provide the blood sample.

If a report is being written and provided to my employer, I will be offered the opportunity to see the report prior to my employer. If I do not choose to see a copy of my report before my employer, it will be sent to my employer on the same day as it is sent to me.

If I choose to see a copy of the report before it is sent to my employer, it will be emailed or posted to me. If I have comments to make, I must respond within **2 working days** of the email being sent to me or within **3 working days** after posting for postal requests. If I have received the report by email, I should respond to the email enclosing the report or if by post by writing to report@medigold-health.com. This will ensure my message is received by the right team. **If the Customer Services Team have not heard from me within these timescales, I understand the report will be issued to my employer.**

If I have any comments about my report, this will only be considered where they relate to factual inaccuracies within the report, and if such comments are accepted by the clinician, an addendum will be added to the original report. I understand that clinicians are not able to amend their opinion and advice given within the report unless the facts change.

If, after signing this form, I choose not to allow my employer to see the report (i.e., by withdrawing consent), they will have to make a decision based on the information that they have and without the benefit of impartial occupational health advice.

There may be occasions where a disclosure is required by law or can be justified in the public interest.

If my employer raises additional queries that result in further information being written, that information will be provided in accordance with this form.

By signing below, I am confirming that I understand and agree to the statements listed above and that this consent form supersedes all others.

Signature: X..... **Date: X**.....
Scanned signatures and eSignatures (from a recognised eSignature platform) will be accepted, however simple typed signatures will not.