

# OCCUPATIONAL HEALTH DECLARATION



YOUR PERSONAL DETAILS – PLEASE COMPLETE IN BLOCK CAPITALS

YOUR FULL NAME			
YOUR ADDRESS:			
		POSTCODE:	
MOBILE NUMBER:		DATE OF BIRTH:	
PERSONAL EMAIL:			

Please note:

- **Please ensure all details above are correct and complete**
- Failure to complete this form will invalidate the process.
- We will only forward copies of reports to private email addresses. If the email address is not provided above or if given, is in doubt or unreadable please note that this will result in correspondence being sent by post and we will only send to the address provided above.
- We require a separate declaration to be completed for each consultation. This form supersedes all others.

NAME OF EMPLOYER:	
NAME OF YOUR PENSION SCHEME/PLAN:	

PLEASE ENSURE THAT YOU READ OUR PRIVACY NOTICE attached or via <https://www.medigold-health.com/privacynoticepensions/>

You are required to provide your agreement for any consultation and report in order to comply with GMC and NMC guidance only. Please note, this is **not** related to UK GDPR. We do not rely on consent for our processing under the UK GDPR, which includes providing health reports or outcomes to the Trustees of my Pension Plan/Scheme. We process personal data on the basis of UK GDPR Articles 6(1)(f), legitimate interest and 9(2)(h) occupational health provision. Where the provision of occupational health is covered by a specific statutory requirement (i.e. related to a health and safety requirement), and we are obliged to process the data by law, we process data on the basis of 6(1)(c) legal obligation.(for further information please see our privacy notice and <https://ico.org.uk/>).

## CONSULTATIONS

I, the Member/Applicant, confirm that I have been informed by the Trustees of my Pension Plan/Scheme (which may include the Trustees, Pension Scheme/Plan Administrator or Trustee Representatives or Administrator as appointed by the Secretary of State) of my Pension Plan/Scheme of the purpose of, and I have agreed to take part in, this pension health referral.

If a face to face consultation is being requested I understand that this consultation may incorporate a physical examination and such additional tests as the examining clinician might feel necessary, the nature of which will be explained to me.

## OUTCOME REPORT

I understand that a report will be provided to **the Trustees of my Pension Plan/Scheme** on the basis of the medical information received by Medigold Health Consultancy Limited (Company number: 03507491) a company registered at Medigold House, Queensbridge, Northampton NN4 7BF (or its group companies, subsidiaries or appointed representatives, including medical practitioners acting on its behalf) ("**Medigold Health**"), including any written or verbal information provided by the Trustees of my Pension Plan/Scheme, my employer, any written or verbal information that I have provided for Medigold Health, or any information received by Medigold Health from other health practitioners.

I understand that any report will include appropriate information and recommendations about my medical condition(s) in relation to my application for benefits. I understand that copies of any documentation generated by Medigold Health's subsidiaries or appointed representatives will be provided to Medigold Health, to form part of my occupational health records.

Responses to any additional queries raised by the Trustees of my Pension Plan/Scheme or written outcomes by the clinician from case conferences will be provided in accordance with this declaration. I understand that if I provide additional information related to this referral or the subsequent report this will be processed in accordance with this declaration. I understand that any clarifications or corrections made by me in relation to the report will only be considered by the clinician where they relate to errors of fact. Any such comments or corrections may take the form of an addendum to the report at the discretion of Medigold Health.

A copy of the report will be automatically despatched at the same time to me and the Trustees of my Pension Plan/Scheme unless I request otherwise. I understand the report will be despatched to me by password protected email, unless I indicate otherwise or fail to provide a private email address. I understand that if I wish to receive a copy of the report prior to the Trustees of my Pension Plan/Scheme, I must inform Medigold Health **within 24 hours** of the consultation date/time in writing to [reports@medigold-health.com](mailto:reports@medigold-health.com).

I understand that if I have requested a copy of the report prior to the Trustees of my Pension Plan/Scheme, the report will be automatically despatched to the Trustees of my Pension Plan/Scheme three working days after the report has been despatched to me, unless I indicate otherwise within the two working days, by email, at which time the Trustees of my Pension Plan/Scheme will be informed the report release will be delayed. If I have not provided a personal email, and the report is despatched by post, the report will be automatically despatched to the Trustees of my Pension Plan/Scheme four working days after the report has been posted to me, unless I indicate otherwise within three working days.

**By signing below, I understand that in agreeing to this occupational health referral my personal data will be processed in accordance with this form and the Privacy Notice, as set out on our website on [www.medigold-health.com/privacynotice/](http://www.medigold-health.com/privacynotice/). This 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