EMPLOYEE NAME

ADDRESS

DATE

Dear [NAME]

**GP Medical Report**

I am writing to seek your consent to obtain a medical report on the current state of your health.

I am concerned that your state of health and the high number of absences from the office/Parish is preventing you from carrying out your work, and I would like to understand more about the illnesses that you have suffered from in the last year, so that I can assess whether there are any reasonable adjustments that we need to make to enable your return to work and subsequently reduce the amount of time that you are off sick in future. A medical report would go a long way in helping us do this.

The provision of a report subsequent to the examination will provide us with an up to date opinion on the status of your health and so help us to make decisions about your working arrangements with the fullest information available.

A report of this kind will involve the processing of special categories of data about you (ie information about your health) and this is governed by data protection legislation.

We may only process your data where a lawful basis applies. In respect of the data to be processed as part of the medical examination and report process, we rely on the lawful basis of organising reasonable adjustments to enable your return to work and a reduction in the number of future absences from work, as well as any other possible actions we may need to take to support you.

I have enclosed an information sheet which sets out your statutory rights regarding access to medical reports together with a consent form. I would be grateful if you would complete the consent form and return to me by [DATE] either by email or by post.

Please let me know if this timescale is problematic for you.

If you have any queries regarding the above or the enclosed documents please do not hesitate to contact me.

Yours sincerely

NAME

JOB TITLE

**Medical report consent form**

Form to give to an employee when the employer wishes to obtain a medical report from the employee’s GP.

Request for medical information

|  |  |
| --- | --- |
| EMPLOYEE DETAILS | |
| Name | Date of birth |
| Job title | |
| Employer’s name and address | |
| Home address | |
| Home phone no: Mobile no: | |
| GP DETAILS | |
| Name | Telephone no: |
| Address | |
| SPECIALIST’S DETAILS (if applicable) | |
| Name | Telephone no: |
| Address | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In order for a medical examination to be completed on an employee or candidate for employment, the individual is required to give their consent. This form is to be completed by each employee or applicant who is required to undergo a health check subsequent to an offer of employment.  I declare that I:   |  |  |  |  | | --- | --- | --- | --- | | consent |  | do not consent |  |   to the provision of a medical report by my GP to my employer, and I:   |  |  |  |  | | --- | --- | --- | --- | | wish |  | do not wish |  |   to see the report before it is sent.  I confirm that I have been made aware of my rights under the Access to Medical Reports Act 1988 and, in connection with data protection legislation, of the lawful basis on which my employer relies to process special categories of data. | |
| Name |  |
| Signature |  |
| Date |  |

**Notes**

You have a right to withhold consent to the examination and if this is your wish, you should indicate this above. However, your refusal may unfortunately require us to make a determination on your employment based solely on the facts available to us at the time.

**Protecting your data**

This report will involve the processing of your special category data. We will ensure that this data is processed in line with our data protection policy.

Your rights under the Access to Medical Reports Act 1988

This note sets out your statutory rights in relation to the above and explains the procedure to follow when applying these rights. As your employer, we (or our representative, such as an Occupational Health Adviser/Practitioner), are not permitted to apply for a medical report from a doctor who has been responsible for your physical or mental health care without your consent. The consent form attached to these notes also asks, in accordance with your rights, whether you wish to see the medical report before it is sent. Please complete the details requested and tick the appropriate boxes to indicate your wishes.

If you decide that you would like to see the report first, then your doctor will be informed of this and you will be notified in writing of the date on which we actually apply for the medical report. You will then have 21 days in which to make the arrangements yourself to see the report. Whilst there is no charge for reading the report, if you arrange with your doctor to have the report photocopied and, if necessary, posted to you, the doctor may charge a reasonable fee to cover the cost of doing so.

If you do not indicate on the consent form that you wish to see the report but later change your mind, you will be able to notify your doctor that you wish to see the report before it is sent to us. You will then have 21 days from the date of your notification to your doctor to make arrangements to see the report.

If, following notification to the doctor, you have seen the report; your doctor will not be able to supply the report to us without your written consent. Having seen the report, you will be entitled to request that your doctor amend any part of the report which you consider inaccurate or misleading. If your doctor does not agree to amend the report as requested, you will be able to attach a written statement to the report giving your views on its contents.

Whether or not you decide to see the report, your doctor will be obliged to keep a copy of the report for at least 6 months after the date it was supplied to us and you are entitled to have access to that report.

Please note that your doctor is not obliged to let you see any parts of the medical reports that he/she believes will be likely to cause serious harm to your physical or mental health or that of others, or which would reveal information about another person, or the identity of a person who has supplied the doctor with information about your health, unless that person also consents. In those circumstances your doctor will notify you and you will be limited to seeing any remaining parts of the report.

Your rights under data protection legislation

You are entitled to be informed of the reason we wish to process information on your health and the lawful basis for doing so. This information is set out in the letter that we have sent you when seeking your consent to attend the medical examination. Please note that while we need your consent to obtain the report, we do not need your consent to process information in relation to your health due to our reliance on the separate lawful basis included in our letter to you.

By signing this consent form, you are giving your explicit consent to the processing of this sensitive personal data.