PROTECT MEDICAL
BWELL 2

CONSENT TO THE RELEASE OF MEDICAL INFORMATION REPORT

Full Name: _____

Date of Birth: _____

Rank: _____

Service No: _____

Consent to release of medical information from PSNI

The Medical Advisor of Blackwell Associates may approach the medical practitioner involved in your care at the Occupational Health and Welfare Unit (PSNI at Seapark) for further medical information if required?

Please tick as necessary Yes ☐ No ☐

Under the terms of Access to Personal Files and Medical Reports Order (NI) 1991, do you wish to see the medical information before it is supplied to the Medical Advisor?

Please tick as necessary Yes ☐ No ☐

Signature: _____

Date: _____

A note of your rights under the provisions of the Order is included for your information with this form