



**Hampshire Constabulary  
Occupational Safety and Health Unit**

**ACCESS TO MEDICAL INFORMATION – FORM OF CONSENT**  
(To be completed by all applicants. PLEASE put this IN the 'confidential' envelope provided.)

Full name of applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Tel No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor and/or Health Professional  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel No: \_\_\_\_\_

Specialist  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel No: \_\_\_\_\_

**Access to Medical Information**

The Force Medical Officer may need to request further information from your doctor or other health practitioner. The Access to Medical Reports Act 1988 gives you the right to check accuracy of any report before it is sent to the Constabulary. In summary these rights are:

1. to withhold your consent for an application to be made to a doctor;
2. to see a medical report before it is supplied to the Hampshire Constabulary;
3. to ask the doctor to amend any part of the report which you consider to be inaccurate;
4. if the doctor declines to amend the report, to attach a written statement giving your views on its content; or
5. to withhold your consent to the report being supplied to the Hampshire Constabulary.

NB The doctor may withhold from you sections of the report if it is thought you would be seriously harmed by seeing it.

**Form of Consent**

1. I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and hereby give my consent for Hampshire Constabulary to apply for a report/ copy of medical records giving medical information from a doctor or other health adviser who is or has been responsible for my physical or mental health care.  
  
I understand that this consent form will be copied to that doctor and/or health adviser and have the validity of the original.
2. I do/do not\* wish to see the medical report before it is sent to Hampshire Constabulary Medical Adviser. (This option is available if taken up within 21 days.)  
  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please delete as appropriate