OCCUPATIONAL HEALTH SERVICE

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REQUEST FOR ACCESS TO OCCUPATIONAL HEALTH RECORDS

Please write in CAPITAL letters and use <u>black</u> ink.

Return the completed form to the Occupational Health Service by post or fax.

Please note: email requests are not acceptable as your signature is required.

I wish to: ** (Delete as appropriate)
have a copy of a letter
have a copy of an immunisation record
have a full/part copy of the notes
read the notes

Details of the employee whose record is to be accessed

Surname:			
Former surname(s):D.O.B			
Forename(s):			
Address/Department:			
Post code:Tel No:			
Details of applicant (if different from above)			
Surname:			
Forename(s):			

	Address to which the reply should be sent.		
DEC	CLARATION		
	I declare that the information given by me is correct to the that I am entitled to apply for access to the health record re of the Data Protection Act 1998 "Subject Access".		
	Delete the following as appropriate:		
• I	I am the employee.		
	I have been asked to act on behalf of the employee. The empattached Authorization.	ployee has completed the	
	Signed:Date:		
Auth	norisation		
	hereby authorise the University of Oxford Occupational Health Service to release any Occupational Health Records it may hole elating to me to:		
	(name of po	erson or organisation)	
	to whom I give my consent to receive this information.		
	SignedDate		
**	A reasonable administration charge is made for this service and is as follows. Payment will be requested by the Occupational Health Service prior to sending out copies.		
	Charges for Access to your Occupational Health Record		
	To view Occupational Health Record only	£5.00	
	Copy of 1 letter	£5.00 £10.00	
	Copy of immunisation record Copy of Occupational Health records up to 10 sheets	£10.00 £10.00	
	Copy of Occupational Health records up to 10 sheets	£15.00	
	Copy of Occupational Health records 25 sheets and over	£25.00	

If the Occupational Health record has been added to within the 40 days preceding the date of this request there is no charge. AOHR1