

Medical Certificate

Surname	Forenames	M / F
DOB	NI No.	Grade/job
Business	Location	

The above named attended the occupational health department today for the following health assessment(s).

Name of assessment / standard	Outcome	Next due

Comments / Restrictions

In case of query please telephone:

Name of assessor	Position

Signature of Assessor	Date

Employee Consent:

I agree that this certificate or a copy of it may be forwarded to:

My Manager / Human Resources Officer / other named individual

Signature of Employee	Date

PLEASE UPDATE YOUR RECORDS

Confidentiality notice: The above named employee has consented to the release of this medical report to the named recipients. This sensitive personal data must not be disclosed to any other individual without the explicit consent of the person to whom it relates

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