

I ..... give my consent for ..... to contact my GP in relation to my medical condition/disability.

My address is .....  
and my date of birth is .....

My doctors name and address are .....  
.....

The information to be gathered from the GP is regarding the following (job role, hours, responsibilities, support needed, specific recommendations, length of absence lasting, will the condition worsen/continue, etc.)

.....  
.....  
.....  
.....  
.....

**I, the undersigned give consent to my GP to release relevant information to my employer and wishes/does not wish to have access to the report under the Access to Medical Reports Act 1988:**

Signed ..... Date .....

Name (BLOCK LETTERS) .....

