



Occupational Health

Royal United Hospital, Combe Park, Bath BA1 3NG

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CONSENT FOR VACCINATION AND IMMUNISATION RECORDS

Full name (please print clearly):.....

Employer:.....

Dr/Miss/Mr/Mrs/Other: ..... Date of Birth:.....

Previous surnames used: .....

Home address: Flat/house no. & street: .....

Town/city:.....County:.....Postcode: .....

Contact telephone number: .....

I WOULD LIKE TO REQUEST A COPY OF MY VACCINATION / IMMUNISATION DETAILS FROM OCCUPATIONAL HEALTH AT THE ROYAL UNITED HOSPITAL. (A charge may be made for repeat copies).

Please circle one of the numbers below, filling in the relevant information. Failure to fully complete and sign this form will mean it is not actioned.

- 1. I will collect the report from the Royal United Occupational Health department (the report will be destroyed if not collected within 4 weeks)
2. Please call me/leave a message on the number provided above when the report is ready
3. Please forward my records my home address as above
4. Please forward to the following address (if different from above)
Addressee name:.....
Flat/house no. & street: .....
Town/city:.....County:.....Postcode: .....
5. Please e-mail the report to: (To use this option, you must provide us with a secure nhs.net email address. We cannot send confidential information to private email addresses)

Print e-mail Address Clearly: .....

Employee signature: ..... Date: .....

Due to Data Protection requirements, we require a copy of photo ID [driving licence, passport, staff ID] before we process this request. You must enclose it with this form.

Office Use Only

Table with 3 columns: Date, Process, Name / signature. It contains three rows detailing the process of handling consent forms, including checks for completion, ID verification, and record sending.