QUEEN’S UNIVERSITY BELFAST

**ACCESS TO PERSONAL FILES**

# AND MEDICAL RECORDS

1. Under the terms of the Access to Personal Files and Medical Report (Northern Ireland) Order 1991, you must be notified when it is intended to make an application for a medical report from your General Practitioner (GP) or Consultant and your consent must be sought.
2. In normal circumstances, the Order also gives you the right to see any medical report prepared by your GP or Consultant in connection with your employment or pension scheme membership before it is passed to the University.
3. If you have indicated that you wish to exercise this right (see over), you will be told in writing when this report has been requested. You will then have 21 days in which to make arrangements to see the report.
4. Having seen the report, you can:

* ask the author to amend any part that you consider inaccurate or misleading;

or

* attach a written statement in respect of any part that you consider inaccurate or misleading, but which the author is unwilling to amend;

or

* withdraw consent for it to be issued.

1. Medical Practitioners have discretion under the Order to withhold all or part of the report if it is believed that its disclosure would cause serious harm to your physical or mental health, or another person is named in the report, unless that person is either:

* a health professional whose opinion is relevant to your case;

or

* a person who has given consent for the report to be shown to you.

1. It is your right to withhold your consent to a report being either requested or passed to the University. Any decision about your fitness for work or eligibility for pension scheme membership will then be based on such information as is available.
2. The provisions of the Order do not apply to reports that the University Occupational Health Service gives about your fitness for work.

23 August 2017

**QUEEN’S UNIVERSITY BELFAST**

**OCCUPATIONAL HEALTH SERVICE**

**CONFIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | | | | Mr/Mrs/Miss/Ms: | | |  |
|  | | | | | | | | | | | |
| First Name(s): | | |  | | | | | Date of Birth: | |  | |
|  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | Postcode: | |  | | |
| Telephone Number: | | | |  | | | | | | | |
|  | | | | | |  | | | | | |
| Position Applied for: | | | |  | | | | | | | |
|  | | | | | | | | | | | |
| Name and Address of Doctor: | | | | |  | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| If he/she has been your doctor for less than one year, give also the name and address of previous doctor: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |

# MEDICAL CONSENT FORM

*I hereby acknowledge the University Occupational Health Service request for a medical report from any practitioner responsible for my care. I have been appraised of my rights under the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and have read the notes attached.*

Please tick one of the boxes:

*I consent to a medical report being given and I do/do not\* wish to see/amend the medical report before it is issued.*

*I do not consent to a medical report being given.*

\* Delete the words “do not” if you wish to see/amend the report before it is issued.

*I understand that if employed by the University, it will be my duty to:*

1. *take reasonable care for the health and safety of myself and other persons who may be affected by my acts or omissions at work;*
2. *co-operate so far as necessary to ensure that the statutory duties or requirements of appropriate Acts or regulations are fulfilled; and*
3. *report to the University Occupational Health Service as well as my Head of Department any injuries I may sustain whilst at work and immediately I suspect the onset of any work-related disease/disorder.*

I further understand that my answers and undertakings will, if I am employed by the University, be regarded as part of my contract of employment and may be considered in conjunction with my pension scheme application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**This form will be sent to any other practitioner responsible for your care if a report is requested.**

|  |  |
| --- | --- |
|  | **PLEASE COMPLETE QUESTIONNAIRE OVERLEAF** |

**CONFIDENTIAL MEDICAL QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| QUESTION | **NO** | **YES** | **If “YES” give full details.** |
| 1. Are you, or have you ever been, subject to fits/seizures, vertigo or alteration of consciousness? |  |  |  |
| 2. Have you ever had lumbago, sciatica, disc trouble, backache or any other form or back trouble including injury? |  |  |  |
| 3. Have you ever had high blood pressure, heart trouble (including coronary trouble), circulatory conditions or other incapacitating illness? |  |  |  |
| 4. Have you any history of rheumatic fever, gout or gastro/intestinal conditions? |  |  |  |
| 5. Have you any history of asthma, repeated or chronic respiratory conditions, bronchitis, etc? |  |  |  |
| 6. Have you any history of nervous/mental disorders or addiction to alcohol or drugs (prescribed or recreational)? |  |  |  |
| 7. Have you ever had any kind of skin trouble? |  |  |  |
| 8. Have you ever had any hospital investigation or in-patient or out-patient treatment? |  |  |  |
| 9. Are you at present taking drugs or tablets or having any form of medical treatment? |  |  |  |
| 10. Have you ever sustained any injuries at work or elsewhere? |  |  |  |
| 11. Are you in receipt of any occupation related benefit/pension? |  |  |  |
| 12. Are you suffering from any infectious or contagious disease? |  |  |  |
| 13. Have you ever had any kind of hearing difficulty? |  |  |  |
| 14. Do you have any vision difficulties not fully corrected by wearing glasses or contact lenses? |  |  |  |
| 15. Have you any history of diabetes or other hormone related condition? |  |  |  |
| 16. Have you ever had any significant illnesses or operations not mentioned above? |  |  |  |
| 17. Have you any condition which you may consider to be a disability? |  |  |  |
| 18. Do you drink more than 14 units of alcohol a week? (if yes, how many units do you drink per week? 1 units = small glass of wine or a half pint of beer) |  |  |  |

**Sickness Absence History**

Please provide reasons and dates and number of working days lost for the past two years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Reason** | **Start** | **End** | **Working days lost** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Declaration**

I hereby declare that to the best of my knowledge and belief all of the answers given above are true and complete.

Signature: ………………………………………… Date: ………………………………………………………

**PLEASE RETURN COMPLETED FORM TO:**

[occhealth@qub.ac.uk](https://www.qub.ac.uk/directorates/HumanResources/RewardandEmployeeRelations/ConnectwithUs/mailto)

or by post to: PRIVATE & CONFIDENTIAL

Occupational Health

Queen’s University Belfast

5 Lennoxvale

Belfast

BT9 5BY