

APPLICATION REFERENCE:**GP Details**

Please give details of the doctor with whom you are currently registered.

Doctor's Name	
Surgery Name & Address	
Postcode	Telephone

I, the undersigned, have read the explanation of my rights under the Access to Medical Reports Act 1988 (see next page), and consent to The Exeter and their representative Medical Screening Solutions seeking information in connection with this application from any doctor who has at any time attended me concerning anything which affects my physical or mental health, and I authorise the giving of such information.

**I do not require to see any medical report before it is issued.

Please delete the above sentence if you wish to see the report before it is sent to us.

Signature:
Full Name/s:
Date:

Access to Medical Reports Act 1988

Summary of the main points contained in the Act.

The provisions noted in the Act above became effective from 1st January 1989 and before we can now apply for a medical report from your doctor we not only need your consent but must offer you the right to see the report before it is sent to us. There are a number of rights under this Act of which you should be aware and these are set out below as follows:

1. You may withhold your consent.
2. You have the right to see the report before it is sent to us provided you apply to the doctor within 21 days, or during the 6 months after that. The doctor may charge you a fee for supplying the report.
3. You can ask the doctor to amend any part of the report which you consider to be incorrect or misleading and if the doctor does not agree you may append your comments.
4. The doctor can withhold part or all the report from you if they have reasons why they think you should not see it.

Full details of your rights under the Act can be made available on request.

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www.the-exeter.com

Calls may be recorded and monitored

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