**CONSENT TO SHARE MEDICAL INFORMATION**

**ON A ‘STRICTLY NEED TO KNOW’ BASIS**

Following discussion/contact with the Occupational Health Service I accept that in order to provide me with the necessary adjustment/support to ensure my ongoing fitness during my work/proposed course of study, it is necessary for Occupational Health to share appropriate medical information with a limited number of staff on a ‘strictly need to know’ basis\*

I give consent for this course of action.

|  |  |
| --- | --- |
| Signature: |  |
|  |  |
| Print Name: |  |
|  |  |
| Witness: |  |
|  |  |
| Date: |  |
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**\***This may include Human Resources/ Management and DSO in the case of staff and the appropriate School Staff, DSO and clinical placement providers in the case of students. Additionally consideration will be given as to whether it is appropriate to inform First Aiders/ Security Officers.

The University of Manchester, Oxford Road, Manchester M13 9PL Royal Charter Number: RC000797