

# Consent for the Disclosure of OH Records



People Asset Management Limited Holly House, 73 Sankey Street, Warrington WA1 1SL  
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All fields are mandatory and incomplete forms will be rejected

Employee Full Name	
Employee Date of Birth	
Employee Home Address	
Employee Telephone Number	
Company Name	
Company Location	
Job Title	
Reason for Release of Records	
Recipient Name <i>(of where you would like records to be sent if not as above)</i>	
Organisation Name	
Address	
Postcode	
Telephone Number	
Email Address	

I consent to **People Asset Management Ltd**, who I am aware is the occupational health provider to my current/past employer and custodian of my OH records, releasing my OH record to the above. I am aware that I can take legal advice prior to giving consent.

Signature.....

Print Name.....

Date.....

**PAM Office Use – Original Consent to be retained on the OH record and copy to be added to file to be sent.**

Consent Received	Date	Signature
File Posted	Date	Signature Recorded Receipt