FORM 21

CONSENT FORM AND DECLARATION: HEALTH CHECK/FITNESS FOR TASK ASSESSMENTS

(THIS FORM SHOULD BE COMPLETED AS PART OF THE INITIAL HEALTH ASSESSMENT FOR EACH NEW EMPLOYER OR IF SELF EMPLOYED)

The Occupational Health Service Provider should go through each section on this form in conjunction with the guidance notes, explaining the meaning as required to enable the individual to make an informed decision regarding consent to collect and store data on the CBH Database.

Section 1 – Employee Details			
Surname:		First Name:	
NI Number:		Date of Birth:	
CSCS Number:		Job:	

Section 2 – Employee Consent and Declaration	
I confirm: 1. That I have been told about this health check, what the reasons are, and what records will be kept, and I agree to take part. 2. That I have been informed about Constructing Better Health (CBH) and the Data Protection Act principles which apply and agree for my clinical results to be put on their database for the use by other Occupational Health Providers at any time in the future. **And give my consent:** 3. For the Occupational Health Service Provider to process and store my personal and medical information, both manually and on a computer, which I understand, will be held securely. If I wish to get access to my information I can ask in writing but may have to pay £10 if a copy of records is required. 4. For the non-clinical outcomes of my health checks to be made available to site managers/future employers, via a smartcard, website or telephone. I will tell CBH of any other health checks or conditions that may change the outcome. **Signed:** **Name:** **Date:**	**Yes** **No**
And give my consent: 5. I agree that the clinical results of my health surveillance/assessment, and my personal and medical information stored by Constructing Better Health on a database will be kept securely in confidence, except that anonymised data may be made available to research bodies at any time for the purpose of research approved by an ethics committee. **Signed:** **Name:** **Date:**	**Yes** **No**

Section 3 – To be completed by the Employee and Occupational Health Service Provider:		
Employee to complete: I confirm that I have completed all the above details. I declare that the information provided is truthful and that I have disclosed all relevant information regarding my health and fitness to work. I agree that all health information collected whilst in my current employment can be added to the CBH database unless or until I withdraw this consent. I also undertake to notify OH immediately of any subsequent change to my state of health or other concerns which may affect my fitness to work.		
Signed:	**Name:**	**Date:**
OHSP to complete: I confirm that I have clearly explained the above to the employee as required. Yes No		
Signed:	**Name & Position:**	**Date:**