

**TEACHERS' AUTHORITY FOR REFERRAL TO
BE MADE TO OCCUPATIONAL HEALTH**

To be completed by the Head Teacher:

I confirm that I have explained the reason for the referral to Occupational Health.

Signed: Date:

Print Name:

To be completed by the Teacher:

I understand the reason for referral and agree / do not agree (*) to attend Occupational Health. I consent / do not consent (*) to the processing and archiving of information and to a report being sent to the School following the referral (in accordance with the Data Protection Act 1998).

(*) Delete whichever is not applicable.

Signed:

Date:

Print Name:

School:

Home Address:

.....

..... Postcode:

This form is to be returned to the school