



GO Health Services
NHS Grampian Occupational Health Service
Foresterhill Lea Building, Foresterhill Health Campus, Aberdeen AB25 2YZ
Tel 01224 553663

CONSENT FORM

In respect of the transfer/release my occupational health medical records

NAME : _____

DATE OF BIRTH : _____ **TEL:** _____

ADDRESS _____

Location _____

Course _____

I give permission for the GO Health Services, NHS Grampian Occupational Health Service to request / release my records.

SIGNED : _____

DATE: _____