

## Release of Occupational Health Records Declaration

By completing the information below, I thereby give consent for Northumberland County Council's Occupational Health Unit to release my Occupational Health file into my own possession.

Name	
DOB	
Address	

Please release my records:

Email (please give details)	Yes/No	
Home address (please give details)	Yes/No	
Collect paper copy from OHD	Yes/No	