



Medical Consent Form

Purpose

I hereby give my consent to ELATT and its representatives to approach my medical consultant for a full detailed medical report on my sickness that has caused my absence from work in the period detailed below.

Period of absence: to

My medical consultant is:

Address:

Telephone:

Signed

Name (please print)

Date

This request is made in line with ELATT's Sickness Monitoring Policy.

This information will only be used in relation to this specific request.

The purpose of the report is to ascertain the reasons for absence and to address any work related health issues.