

**REFERRAL FOR OCCUPATIONAL HEALTH
COVID-19 TESTING**

* Please ensure these fields are completed, we are unable to process requests without this information.

Company name*		Date of Request	
HR/Manager's name*		HR/Manager's E-mail*	
Tel. No.*		Fax No.	
Organisation postal address*			

MyOccHealth accepts this request on the understanding that the employee below is fully aware of this referral.
This referral should be completed by the Human Resources representative or Line Manager of the referred employee.

Employee's name: *		DOB: *		Sex	
Mobile number: *		Employee's E-mail: *			
Delivery Address: (inc postcode & tel no.)*	(this is the address that the testing kit will be sent to)				
Home Address: (inc postcode & tel no.)*	(if different from the Delivery Address above)				

EMPLOYEE CONSENT

Your employer is referring you to an independent Occupational Health Company for a private Coronavirus (COVID-19) stay-at-home swab test. The purpose of this referral is to obtain a swift result from our lab indicating if you are infected with COVID-19.

To confirm your participation in this process, you must provide written consent. Your consent covers your participation in the whole process from start to finish, including:

- Agreeing for your kit to be posted to the Delivery Address written above;
- Providing the sample as per the guidance enclosed within the testing kit;
- Relevant personal data being shared with our approved laboratory for testing purposes;
- Posting the sample to our lab in our provided pre-paid envelope;
- Having your pathology results sent by password-protected email to yourself and your employer to the email addresses provided above.

Please be advised that COVID-19 has been added by the Government to the list of 'notifiable diseases' and as such Ryminster Healthcare Limited and/or our partner laboratories have a statutory duty to notify the 'proper officer' at your local council or local health protection team of tested positive cases of certain infectious diseases, including COVID-19 aka Coronavirus.

Print Name:

Employee Signature:

Date:

In the event you are unable to provide a 'wet' signature, please complete this form electronically and return to us [via your email address above to enquiries@myocchealth.co.uk](mailto:enquiries@myocchealth.co.uk)