

Consent for Occupational Health Assessment

Date: _____

To Whom It May Concern,

I, **[Employee's Name]**, hereby give my consent for the occupational health assessment as required by my employer, **[Employer's Name]**. I understand that this assessment is necessary for the evaluation of my health in relation to my job responsibilities.

I understand that the assessment may involve a review of my medical history, a physical examination, and possibly additional tests as deemed appropriate by the occupational health professional.

I acknowledge that my health information will be kept confidential and used solely for the purpose of this assessment.

Please feel free to contact me at **[Employee's Phone Number]** or **[Employee's Email]** if you need further information.

Thank you for your attention to this matter.

Sincerely,

[Employee's Name]
[Employee's Job Title]
[Employee's Department]