



**Office use ONLY**

**T/O time: Same Day**

**Lab: Accendo**

**Swab Batch number: ..... Bar code: .....**

**COVID-19 TESTING CLIENT CONSENT FORM**

I declare that I have had the purpose of this medical examination explained to me and understand the likely consequences. I understand that the sensitivity and specificity (efficacy) of Covid-19 antigen (PCR/TMA) and ELISA antibody testing has not yet been fully verified. I am aware that the results are normally available within the hours as stated but understand that due to unforeseen circumstances this may be extended.

I understand that Heathrow Medical Services LLP is not liable for: advising when the test should be undertaken, delayed results, the results arriving at any specific predetermined time, the laboratory generated results format (and subsequent denial of acceptance by any airline or immigration authority), for any lost or damaged specimens during transit, transcribing typographical errors, positive or inconclusive results, any third party errors or omissions and for incorrect or illegible e-mail details. I hereby acknowledge and accept any assurance provided via the reporting laboratory that the result has been communicated to me via e-mail on the date / time they specified. I understand that further specialist testing may also be performed and that I have freely attended Heathrow Medical Services premises and agreed to physical testing which is conducted in accordance with PHE guidance.

I authorise Heathrow Medical Services LLP to release a summarised report containing relevant clinical information to Public Health England, the UK Government, Police authorities and to my designated Human Resources/Personnel Department or their appointed representative(s). I am aware that the report cannot withhold or conceal any relevant information. **I agree to enter my details onto relevant laboratory on-line portals if required and am aware that failure to do so may result in the sample not being fully processed. Should I also receive the results directly from the testing laboratory I will immediately forward a copy to Heathrow Medical Services for their reference.**

I authorise Heathrow Medical Services LLP to release medical information from this assessment to my General Practitioner and/or other medical specialists regarding the outcome of my case if necessary. I authorise Heathrow Medical Services LLP to process and maintain my medical records and data in compliance with GDPR and Data Protection Act (2018).

I understand that I may view the report at any time in accordance with GDPR and Data Protection Act (2018), and:

- ☐ If applicable, I wish to have a copy of the report sent to me at the same time as my employer.
- ☐ If applicable, I wish to have a copy of the report sent to me before it is sent to my employer. I am aware that I may request the correction of factual information but not the amendment of the occupational health professional's opinion.

FULL NAME..... DOB (d/m/yr): .....

GENDER (please circle): MALE FEMALE NHS NUMBER IF KNOWN:.....

ETHNICITY (please tick): ☐ White British ☐ White Irish ☐ Other White ☐ Black African  
☐ Black Caribbean ☐ Other Black ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese  
☐ Other Asian ☐ Mixed White & Black African ☐ Mixed White & Black Caribbean  
☐ Mixed White & Asian ☐ Other Mixed ☐ Other ☐ Not stated

TELEPHONE..... e-mail (**PRINT IN CAPITALS**).....

HOME ADDRESS: .....

POSTCODE: .....

SIGNATURE..... DATE:..... TIME:

**Booking Reference number: HEATH.....**