

Request to UCC Student Health Department to post Medical Data relating to you

To:

Practice	UCC STUDENT HEALTH DEPARTMENT ARDPATRICK COLLEGE ROAD CORK
Head of Department	Dr. Michael Byrne

Dear Student Health Department,

Please provide me with a hard copy of Medical Data described below, as held by the UCC Student Health Department, **via registered post to the address listed below**. I enclose a copy of Photo-ID to confirm my identity.

**Student Detail:**

First Name		
Family Name		
Date of Birth		Mobile No.
UCC Student Number		
MEDICAL DATA REQUIRED	<i>Please provide details/dates relating to Medical Data required i.e. Nature of Data/ (e.g. investigation results/ Healthcare Student Immunisation records and clearance/X Rays/Scans etc.)</i>	
Address for Delivery of Data		
Signature (Student)		Date

*Notes:*

**Fee:** No fee is chargeable for providing a copy of your medical record.

**Security of your records:** To protect the confidentiality of your personal data, the Student Health Department reserves the right to seek to verify the identity of the person making this access request.

**You must include a scan copy your Student Card or Passport or other similar Photo-ID card to confirm your identity when forwarding this request.**

*Record of request and provision:*

Date request received:

Method of identification:

Date record provided:

The following Medical Data held by the UCC Student Health Department relating to the above named student have been made available to the student.

Signed:

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For: UCC STUDENT HEALTH

Date: