

## Request to forward Medical Data, as held by UCC Student Health Department

### DOCTOR/SERVICE DETAILS

*Details of Doctor/Service to whom the data is to be forwarded.:*

Name/Address of Doctor  
(to which the Medical Data are to be posted)

**OR**

Healthmail Secure e-mail address  
(to which the Medical Data are to be e-mailed)

Please provide the Doctor/Service named above with a copy of Medical Data described below, as held by the UCC Student Health Department, **via registered post or secure e-mail to the address(es) listed above.**

### Student Detail:

First Name		
Family Name		
Date of Birth		Mobile No.
UCC Student Number		
<b>MEDICAL DATA REQUIRED</b>	<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>	
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 verify the identity of the person making this access request.

**Please 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 Data provided:

The following Medical Data held by the UCC Student Health Department relating to the above named student has been provided to the Doctor/Service identified above:

*For STUDENT HEALTH DEPARTMENT USE ONLY: Record of request and provision:*

Signed: \_\_\_\_\_

DATE:

For: UCC STUDENT HEALTH