

Request to Collect in Person Medical Data relating to you, as held by UCC Student Health Department

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.

I will collect these records in person from the UCC Student Health Department. I will provide Photo-ID as confirmation of 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. Copies of : Investigation results/ Healthcare Student Immunisation records: X Rays/Scans: Medical Certificates etc .)</i>		
Signature			
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 or providing an access authorisation.

You must use your Student Card or Passport or other similar Photo-ID card to confirm your identity when collecting the hard copy of your records in person.

Record of request and provision:

Date request received:

Method of identification:

Date record provided:

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

Signed:

For: UCC STUDENT HEALTH
DATE:

For: STUDENT
DATE: