landelijke pool bedrijfsartsen
second opinion

het bedrijfsartsen bureau

AUTHORIZATION

To be completed by employee

The undersigned hereby consents to all information necessary and available for the second opinion being forwarded to the occupational physician who is requested by the undersigned to perform a second opinion.

Employee details	
Name	
Date of birth	

The data to be transferred may include among other things:

General data:

- My personal data as stated above and in the Registration Form
- The data regarding sick leave
- Data about work and employer
- Other relevant information

Relevant medical data:

- The current medical situation and the physician's findings during examination
- The physician's medical considerations
- Information requested from my healthcare providers
- Other relevant information

Signature	
Date	
Place	
Signature	SIGN