

Aintree Site  
Occupational Health and Wellbeing Centre  
Longmoor Lane  
Liverpool  
L9 7AL

Date: .....

**REQUEST FOR COPY OF IMMUNISATION RECORD**

I, the undersigned, give my consent for the Occupational Health Department at Liverpool University Hospitals NHS Foundation Trust to release my immunisation details to the following person / organisation.

PLEASE PRINT IN BLOCK CAPITALS

Name:	Date of birth:
Previous Names:	Signature:

I will collect this from the Occupational Health Wellbeing Centre on the Aintree site. Please ring me when this is ready for collection

Contact phone number: .....

Please e-mail this to me. (This will be sent unencrypted to the email address you have provided)

E-mail address: .....

Please send this out in the post to me or directly to my new Occupational Health Dept

Home Address	Name & Full address of OH Dept information to be sent to:
	E-mail address:

*Once received, please ensure you retain this as your master copy and issue copies of it as required rather than the original.*

Please send this form to:  
**Occupational Health and Wellbeing Centre  
Liverpool University Hospitals NHS Foundation Trust  
Aintree Site  
Longmoor Lane  
Liverpool  
L9 7AL**

Or scan and e-mail to [occupational.health@liverpoolFT.nhs.uk](mailto:occupational.health@liverpoolFT.nhs.uk)