MEDICAL EXAMINATION OF FOSTER CARERS

As part of the process of your application to Leicestershire County Council Fostering Agency, we would like to ask your present family doctor to examine you and provide a report to us. During the Covid-19 pandemic, this ‘examination’ will likely take place via a remote consultation with your GP. The medical report is subject of ‘Access to Medical Reports Act 1988”. Under this Act, you have a legal right to see the medical report before it is sent to us and to ask the doctor to make amendments or additions to it.

1. Please sign this consent form and the consent form on the Form AH Adult Health Report.
2. Contact your GP and arrange a remote consultation (via video call or telephone call). You will be asked to provide a urine sample and can arrange to drop this off at the surgery with your part-completed Form AH.
3. Please hand deliver the enclosed GP letter, Form AH and this consent to your GP surgery.

# CONSENT

1. I agree to a medical examination in connection with my application to become a foster carer.
2. I agree to your sharing any additional information within my AH Form which you think is pertinent to my application to become a foster carer, including any information relating to domestic abuse, emotional and mental health and any substance abuse including alcohol which is recorded within my medical records.
3. I have been informed of my statutory rights under the ‘Access to Medical Reports Act 1988’ and:

i) I do not wish to see the medical report and I agree to it being sent in confidence to the Medical Advisor to the Fostering Panel.

ii) I wish to see the medical report on me and then decide whether I agree to it being sent in confidence to the Medical Advisor to the Fostering Panel.

***Please write an X in the checkbox next to i) or ii)***

|  |  |
| --- | --- |
| **SIGNED:** |  |
|  |
| **PRINT NAME:** |  |
|  |
| **DATE:** |  |

# *If you selected option ii) please see subsequent consent overleaf*SUBSEQUENT CONSENT

To be signed by those who have asked for Option ii)

a) I have seen the medical report and agree to it being sent to the Medical Advisor to the Fostering Panel.

b) I have seen the medical report and I do not consent to it being sent to the Medical Advisor to the Fostering Panel.

c) I have seen the medical report and I wish to add the following comments.

***Please write an X in the checkbox next to a), b) or c)***

|  |  |
| --- | --- |
| **Comments:** **SIGNED:** |  |
|  |
| **PRINT NAME:** |  |
|  |
| **DATE:** |  |