

SUNRISE HEALTH SERVICE ABORIGINAL CORPORATION

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ABN 26 778 213 582 | ICN 4170



Medical records consent form

This consent form is used to allow an authorised officer within Sunrise Health Service Aboriginal Corporation to access patient medical records for the purpose of confirming vaccination status in line with the *Public and Environmental Health Act 2011*, *COVID Directions (No: 55) 2021: Direction for mandatory vaccination of workers to attend the workplace*. A vaccination status record can only be provided for patients of Sunrise Health Service. Non-patients will need to contact their own health service or GP for a copy of their vaccination status record.

Please return completed consent forms to phc@sunrise.org.au.

Patient full name	
Patient date of birth	
Patient address	
Patient Medicare no.	

Consent: I hereby give permission for an authorised officer at Sunrise Health Service Aboriginal Corporation to access my online medical records for the purpose of confirming my vaccination status to satisfy the direction for mandatory vaccination of workers to attend the workplace and to provide a copy of my vaccination status record to the address nominated below.

Patient or guardian name (please print)	
Patient or guardian signature	
Date	
Name of employer (if record to be provided to an employer)	
Email or postal address for record to be sent tot	

Please note: Anyone aged under 18 years old must have the consent form signed by their legal guardian.

For office use only:

Authorised officer accessing records (print name and position)	
Signature of authorised officer	
Date record provided	