

# Informed Consent Form for Occupational Health Screening

## Personal Information

Full Name:

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Date of Birth:

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Employee ID / Number:

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Department / Position:

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## Purpose of Screening

## Procedures

## Risks and Benefits

## Confidentiality

## Voluntary Participation

## Consent

☐

I have read and understood the information above.

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I agree to participate in the occupational health screening.

Signature:

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Date:

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Name of Practitioner (if applicable):

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Signature:

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Date:

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