

# MEDICAL AUTHORITY FORM

I hereby authorise \_\_\_\_\_

to forward to the Senior Specialist Medical Officer of the Workers' Compensation (Dust Diseases) Board copies of my medical records including but not limited to the following:

- Doctors' reports
- Reason for hospitalisation
- Discharge summary
- Medical records/Clinical notes
- Histopathology/Cytopathology
- All chest x-rays/CT scans
- Spirometry/Lung function
- Pathology review
- Further testing   
(eg fibre count)

Other  Please specify \_\_\_\_\_

Worker's Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of Birth

D	D	M	M	Y	Y

**PLEASE SIGN AND DATE THIS SECTION**

Worker's Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y