**NON WORK-RELATED MEDICAL AUTHORITY FORM**

I       an employee of

Authorise, the Person Conducting a Business or Undertaking / Officer,       , to obtain and provide medical reports, notes and information concerning my non work injury, illness, disability namely       , sustained on       .

Confidentiality will be maintained in accordance with the Catholic Church Endowment Society Work Health & Safety Management System and in accordance with Sections 185 & 186 of the Return to Work Act 2014.

**Please insert treating health practitioners’ names, contact phone number/s and postal address below (include Doctors, physiotherapists, surgeons, psychologists, chiropractors etc.)**

I accept that this information will facilitate the management of my recovery and return to work.

I agree that a photocopy of this authorisation may be treated with the same validity as its original.

This authority is valid for:  the duration of my return to work period

Or  a period of       months until

(Please tick one of the above)

**Signed:**

**Date:**

*Note: Signing this Authority will assist your PCBU / Officer in the management of your non-work-related injury and returning to work.*