

### Medical Record Collection Authorisation Form

*Note: This form is required if a representative is collecting the completed medical report/results on behalf of the patient.*

Date: \_\_\_\_\_

I, (Patient's Name) \_\_\_\_\_ (Patient's NRIC) \_\_\_\_\_  
appoint and authorise the following individual to act as my representative and collect the medical records specified below from Fullerton Health:

Representative's Name: \_\_\_\_\_

Representative's NRIC: \_\_\_\_\_

Medical Records to be collected by representative:

- Executive Health Screening Report
- Lab/Imaging results (Please specify: \_\_\_\_\_)
- Medical check-up report (Please specify: \_\_\_\_\_)
- Others: \_\_\_\_\_

I am aware that my representative is required to produce the following documents upon collection:

- This signed authorisation letter;
- a copy of my representative's NRIC (front and back views); and
- a copy of my NRIC (front and back views).

I confirm that I will not hold Fullerton Health or any of its employees, servants or agents responsible in any way whatsoever for the release of the medical information as described above.

Sincerely,

\_\_\_\_\_  
Patient's Signature