Insert company name etc here

Doctors/surgery’s name and address

To be entered here

Dear Sir,

We are required under the Asbestos at Work Regulations 2012 to ensure that our employees receive a health surveillance check at least once every 3 years.

We are also required to keep a record of the fact that such a check has been carried out.

Name of person is employed as an operative in the construction industry (Change industry as required) and may occasionally come into contact with asbestos. He has received Asbestos Awareness training and is provided with the required personal protection equipment to protect him.

We would be obliged if you would sign this sheet to confirm that name of person has attended and received the necessary checks.

Date of the relevant medical check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please advise us if we need to take further action to protect our employees. Thank you for helping us to maintain a healthy workforce.

Yours faithfully,

Your name and position.

|  |
| --- |
| **DATA PROTECTION STATEMENT**We, the employer, are required by Regulation 22 (4) of the Control of Asbestos Regulations 2012 (the Regulations) to keep a copy of this certificate for a period of at least four years from the date it was issued. We may be required to disclose a copy of this certificate, and relevant health records kept pursuant to Regulation 22 (1) of the Regulations. We will otherwise maintain this record in compliance with the Data Protection Act 1998 and will only disclose sensitive personal information of an employee with the consent of the employee or as required by law. |