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Example content:

I,.....of.....
.....

I expressly authorise any doctor, hospital, ambulance service, rehabilitation or other medical service provider engaged by me in connection to any work related injury to give my employer, or their agent, any reports, clinical notes and records and any other health information and accounting data associated with my employment or injury that my employer may request.

I consent to [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

Signature _____

Date _____