

**ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM
LETTER OF CONSENT TO ACCESS PRIVATE MEDICAL
INFORMATION FOR FITNESS OF PRACTICE**

I, the undersigned, _____
Brunei IC No. / Passport No. _____ agree that by
signing this form I consent to **Occupational Health Department, Ministry
of Health** accessing my private medical information to determine my fitness of
practise as one of the requirements for the application of registration/renewal
of practising certificate* as _____ in
accordance with the Allied Health Professions of Brunei Darussalam Act,
Chapter 221.

I also understand that any information acquired shall remain confidential and it
will not be disclosed to anyone other than the authorised personnel of the Allied
Health Professions Council of Brunei Darussalam. I am aware that this consent
may be revoked by me at any time.

Signature: _____ Date: _____

*delete where not applicable