



Medical Authority for Referral

I _____ of _____ (address)
born on ____ / ____ / ____ authorise Puma Energy or his/her authorised representative (WHAM Solutions)
may at any time direct me to see a Medical Practitioner or Specialist for medical examination to determine
my physical capacity to perform the duties that I have been employed to undertake.

Injury:

Date of Injury:

The release of information may include (but not be limited to):

- The results of x-rays and other diagnostic investigations
- Details of consultations and treatment I have received
- Details of referrals to other medical or health practitioners
- Copies of correspondence and case notes
- Opinion and comment relating to the causation and history of my injury/disease, diagnosis and prognosis, capacity for work and levels of impairment
- Details of any rehabilitation and/or work programmes and/or other consultations

Signature of Worker

Date

Employer's Agreement:

Puma Energy hereby agrees that the information will be used to assist with the occupational rehabilitation and return to work of this Employee (as stated above). The information will be maintained in confidence and only shared with those person(s) involved with the claim and return to work process.