# Qr code  Description automatically generatedCustomer Contact Data Sharing Details

## Company Name:

## Contact Coordinator

Name:

Designation:

Email:

Telephone:

Mobile:

For invoicing purposes:

Invoices are sent by email. Details of services delivered to individuals are available on the online portal.

Name:

Designation:

Email:

Telephone:

Mobile:

PO Required:

Special Invoicing Requirements:

For Portal Access Purposes:

Occupational Health Referral related reports

(Occupational Health Reports, Nightworker medicals, Drugs and Alcohol Tests, Immunisations)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Designation:  |  |  |  |
| Email: |  |  |  |
| Telephone: |  |  |  |
| Mobile:  |  |  |  |
| Notification email address:  |  |

(Please note that a generic email address can be used for notification of report releases so that all appropriate HR team members receive the notifications)

Pre-employment health assessment reports

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Designation:  |  |  |  |
| Email: |  |  |  |
| Telephone: |  |  |  |
| Mobile:  |  |  |  |
| Notification email address:  |  |

 (Please note that a generic email address can be used for notification of report releases so that all appropriate Recruitment / HR team members receive the notifications)

Health and Safety related reports (Safety Critical Medicals, Health Surveillance (including Hand Arm Vibration), Drivers Medicals, Occupational Hygiene Reports, Workstation Assessments)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Designation:  |  |  |  |
| Email: |  |  |  |
| Telephone: |  |  |  |
| Mobile:  |  |  |  |
| Notification email address:  |  |

 (Please note that a generic email address can be used for notification of report releases so that all appropriate Health and Safety / HR team members receive the notifications)

## Signed:

## Date: