**EMPLOYEE DECLARATION TO CONFIRM REMOVAL FROM NATIONAL SHIELDED PATIENT LIST**

I can confirm that I have spoken to my doctor and they have confirmed that they will remove the high risk flag from my medical record and therefore I will be removed from the national shielded patient list.

I understand that if I complete this declaration I am confirming this is a true and accurate statement.

Should I receive a letter confirming the above in due course I agree to share this with my employer.

Name ………………………………………………………………

Signature …………………………………………………………

Date ………………