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This publication is no longer current and is being updated.

FORM E

APPELLANT'S MEDICAL DOCUMENTS FROM FORCE OCCUPATIONAL HEALTH DEPARTMENT TO POLICE MEDICAL APPEAL BOARD

THE POLICE PENSIONS REGULATIONS 1987 Regulation H2 – Appeal against opinion on a medical issue

To:	Police Medical Appeal Board	From:Police Authority
Date		Our ref:
		Your ref
Name	e and rank of appellant	
Regu		she is appealing to the Police Medical Appeal Board under lations 1987, against the decision of the Selected Medical
Occu		notice of consent (Form A page 2) and a copy of his/her relevant to, and submitted in connection with, this appeal.
(All n	nedical documents must be placed l	in a sealed envelope and marked "Medical in-
•	idence")	•
Signe	ed	Date
For fo	orce occupational health dept on behal	f of(Police Authority)
Conta	act name	Telephone no
Addre	ess	