

I _____ consent for a copy of the questionnaire relating to myself/my next of kin and collected by the Public Health and Environmental Health Departments to be forwarded to the police to assist them with their investigations.

I _____ do not consent for a copy of the questionnaire relating to myself/my next of kin and collected by the Public Health and Environmental Health Departments to be forwarded to the police to assist them with their investigations.

Signed: _____

Relationship to Patient: _____

Dated: _____

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