

# Consent for Examination



**Worker:**

First Name

Last Name

Date of Birth

**Claim Info:**

Claim Number

Date of Accident

I, the undersigned, do hereby consent to a psychiatric examination, medical history, and/or physical examination at my Medical Panel.

I understand that the information gained through this examination may form part of the consensus medical opinion being addressed by the Medical Panel.

I understand that the purpose of the examination is for evaluation only, and that **no treatment will be offered or undertaken**. I realize that **no traditional physician/patient relationship is established** during the course of this assessment.

I understand that my consent is voluntary, and that I can revoke my consent at any time before or during the examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness Name (Please print)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness Signature

**Mail:**

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Standard Life Centre  
#210A, 10405 Jasper Avenue  
Edmonton, AB T5J 4R7

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