

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 and rank of appellant

The above-named has given notice that he/she is appealing to the Police Medical Appeal Board under Regulation H2 of the Police Pensions Regulations 1987, against the decision of the Selected Medical Practitioner dated

I enclose a copy of the Appellant's relevant notice of consent (Form A page 2) and a copy of his/her Occupational Health File listing all the items relevant to, and submitted in connection with, this appeal. These include –

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(All medical documents must be placed in a sealed envelope and marked "Medical in-Confidence")

Signed Date

For force occupational health dept on behalf of.....(Police Authority)

Contact name Telephone no.

Address.....
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