



International Human Factors Consulting **Facteurs Humains International**

LETTER OF CONSENT – Authorization

Name of Employee: _____

Employer: _____

This will authorize _____ to provide the following organization «International Human Factors Consulting / Facteurs Humains International, and duly authorized representatives» with a medical summary and/or commentary to be used for the purpose of modifying my work environment. I understand that this information will not be communicated to my employer.

This letter of consent is signed voluntarily, without duress and without undue influence of any kind.

Signature of Employee : _____

Dated at _____ this _____ day of _____, 2004.

Name of Witness : _____

Signature of Witness : _____

Dated at _____ this _____ day of _____, 2004

DES SOLUTIONS HUMAINES ADAPTÉES AUX BESOINS D'AUJOURD'HUI

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