

**\*\*\*This form should be completed by the employer\*\*\***

## Declaration of Independent Registered Medical Practitioner used for Ill-Health Certificates

Name of Employer

I set out below the details of the independent registered medical practitioner(s) (IRMP)<sup>1</sup> from which the named employer will obtain certificates prior to making decisions regarding the scheme's ill health provisions under Regulation 35, 37 or 38 of the current LGPS rules or any corresponding regulations of earlier LGPS rules:

Name of Medical Officer

Formal title used by Medical  
Officer e.g. Occupational  
Health Physician

GMC Reference No

Are they registered on the GMC Specialist Register: Yes  No

If no, please send a copy of the relevant qualification with this declaration.

Address of Medical Officer

  
  
  

Qualification of Medical  
Officer

I confirm that the above details are true and accurate, and I request that the employer's choice of IRMP for the purposes of the LGPS be approved by the administering authority.

Name (please print)

Post Designation

Signed

Date

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<sup>1</sup> IRMP means an independent registered medical practitioner who is registered with the General Medical Council and either holds a diploma in occupational health meaning (D Occ Med) or an equivalent qualification issued by a completed authority in an EEA state (within the meaning given by section 55(1) of the Medical Act 1983); or is an Associate, Member of a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA state.