

Request for Guidance from a Doctor and Written Consent to Provide Results
of the Stress-check Test

Date: y m d

Affiliation: _____

Employee No. _____

Job title _____

Name: _____

(seal or signature)

I hereby request for face-to-face guidance from a doctor, based on the provisions of Paragraph Three, Article 66-10 of the Industrial Safety and Health Act.

I also consent to notify the corporation of the results of the stress-check test.

※Please describe any request you have concerning the face-to-face guidance in the space below.

※ Please submit this form to the co-assessor or the clerical associate of the stress-check tests at the university.

※ You and the head of your center or division will be notified of the date for the face-to-face guidance.

※ Results of the stress-check tests will be used for no other purposes than for provision of the guidance from a doctor for the maintenance of your health.