



Document reference ID

Person ordering the document

* mandatory

Name	Telephone
Address	E-mail
Post code and town	Fax

Person whom the document order concerns



Person's name (also former names) *	
Personal identity number *	Telephone
Address *	E-mail
Post code and town*	

Information requested by the document order

Specification of information:

1. Health information card (military service-related information)
 2. Medical examination card (health information)
 3. Vaccination information
 4. X-ray images (lent only to health care units)
 5. X-ray image reports

Defence Forces' salaried personnel:

6. Personal record
 7. Occupational healthcare services' patient documents
 8. Other, what? _____

Explanation involving the purpose of use of the information and other specifying information *

More information on the back

Form and mode of delivery of information



Order of copies
 Vaccination information by telephone
 Lending of an authentic document

Address where the copies / materiel lent should be sent

Post code and town Telephone

Signature of the person ordering the document

I promise to follow the Military Medicine Archive's document handling instructions In accordance with Section 27 of the Act on the Openness of Government Activities (621/1999), I undertake not to use the document to the detriment or defamation of the person whom it concerns, nor to the detriment or defamation of a person close to him or her, nor in violation of the other interests protected by the secrecy provision. According to Section 35 of the Act (621/1999), a violation of this commitment is punishable.

Date * Signature and name in print *

Signature of the person giving consent



Consent to handling of information in accordance with Section 13 of the Act on the Status and Rights of Patients and Section 97 of the Conscription Act.

Date Signature and name in print

Filled in by the Military Medicine Archive

Justifications

Accepted
 Declined

Date Handled by, name and signature

Instructions for filling in the form

2 (2)

All parts of the form have to be filled in carefully. Some items get repeated in the form in case the person ordering the document is the same person whom the order concerns.

Person ordering the document.

All information of the person whom the document order concerns must be included. If the archives secretary has to reach the person ordering the document to be able to deliver it, this information will be used.

Information of the person whom the order concerns.

- Person's name (also former names); all information must be included.
- Personal identity number; all information must be included.
- Contact information; of the person whom the document order concerns.

Information requested by the document order.

- Specification of information
 1. Health information card (military service-related information)
 2. Medical examination card (health information)
 3. Vaccination information
 4. X-ray images (lent only to health care units)
 5. X-ray image reportsDefence Forces' salaried personnel:
 6. Personal record
 7. Occupational healthcare services' patient documents
 8. Other, what?Select the right alternative.
- Explanation involving the use of the information and other specifying information.

Purpose for use must be given.

Form and means of delivery of information.

-Ordering copies; vaccination information by telephone; lending of authentic document (health information card and medical examination card material is lent to regional offices only).
Select the desired procedure.

-Address of delivery of copies / materiel lent.
Reply concerning the document order will be sent to the address provided.

-Telephone number for information.
Information provided by calling the phone number provided.

Signature of the person ordering the documents.

To be filled in mandatorily.

-Date
Date of signature of the document order by the person ordering it.

-Signature (and name in print).
Signature of the person ordering the document and name in print.

Signature of the person giving consent.

Consent is given to handle the information
To be filled in if necessary.

-Date
Date of signature of the document order by the person giving consent.

-Signature (and name in print).
Signature of the person giving consent and name in print.

The document order will be sent to:

Military Medicine Archive
P.O. Box 13
44501 VIITASAARI

Document order processing time is **ten** weekdays of the receipt of an order.