



Document reference ID
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**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
  Lending of an authentic document

Address where the copies / materiel lent should be sent ?

Post code and town

**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 * <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">?</span>	Signature and name in print * <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">?</span>
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**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 <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">?</span>	Handwritten signature of the person ordering the document and name in print <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">?</span>
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**Filled in by the Military Medicine Archive**

Justifications

Accepted
  Declined

Date	Handled by, name and signature
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## Instructions for filling in the form

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 information services specialist 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 reports
  - Defence 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.

- Order of copies sent as an advice of delivery letter; lending of authentic document (health information card and medical examination card material is lent to regional offices only).  
Select the desired procedure.

- Reply to your order of copies is sent as an advice of delivery letter, using the address listed in the document order.

### 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).  
Handwritten 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.