**NHS Health Check– opt out Form**

**I do NOT wish to attend for an NHS Health Check**

**Signed: …………………………………………………………………………………**

**Patient Name: …………………………………………………………………………**

**Patient D.O.B: …………………………………………………………………………**

Please sign and return to: The Park Surgery, 116 Kings’s Road, Herne Bay CT6 5RE