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MINISTRY of Health
Shaping Fiji's Health

Email: rvuadreu@govnet.gov.fj/
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Website: www.health.gov.fj

DATA REQUEST FORM

1.	Name:	Gender:	Ethnicity:
2.	Address:		
3.	Occupation:		
4.	Organization/ Institution:		
5.	If Student please provide ID No. and Program:		
6.	If student, please include letter from the school		
7.	If student, state name of supervisor and phone / email contact:		
8.	Phone No:		
9.	Email Address:		
10.	Information Requested:		
11.	Purpose of Request		
12.	How should the data be Stratified? (E.g. by medical areas, by gender, age, group, & race.)		
13.	How will the data be used?		

14.	Specific Year of Request: (Provide Year Range)	
15.	Timeframe:	
16.	How will this information benefit you?	

Pursuant to Health Information Policy, section 3.5, clause 6&12, pg. 9

Please tick the box: ☐ I/We, the undersign, agree to submit the completed reports to the MoH Office within 6-12 months of completion of project or post utilization of this health information.

Signature: ___________________________ Date: _____/______/________

For Official Use Only

PSH Approval: ____

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Signature: ___________________________ Date Approved: ___________________________

Responsible Officer: ___________________________ Date Submitted: ___________________________

Remarks: ____ ______________________

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