

Staff Referral to Occupational Health

To be completed by Manager – please attach relevant job description

To assist you in reaching a medical opinion and establishing the employee's ability to carry out the duties and responsibilities of work to the required standard, I give relevant details below:-

PART A - PERSONAL DETAILS	
Full Name: (<i>please print</i>)	DOB
Department:	Post Held: <input type="checkbox"/> Full-time: Part time
Home Address:	Telephone No: (Mobile) Telephone No: (<i>home</i>)
Employer:	Date of Commencement
Is the employee a member of the pension scheme?	YES / NO
PART B	
<u>Reason for Referral:</u>	
Background Information:	
His/her work has the following major features: (<i>please complete as fully as possible</i>)	
Management Responsibility for:	
Light/ effort required to carry out duties: (<i>e.g. heavy lifting</i>)	
Seated/standing/mobile: (<i>percentage of day</i>)	

PC User:	yes/no	Handles food:	YES /NO
Day/ Night Worker:			
HGV/medium/uses own car to assist in carrying out duties: <i>(please specify)</i>			
Works with machinery: <i>(please specify)</i> PCs			
Handles chemicals/noxious substances: <i>(please specify)</i> No/Yes			
Other Details: <i>(attach job description)</i>			
PART C - ATTENDANCE RECORD DETAILS (for the last 12 months)			
Type of Absence	Dates	No. of Days	Reasons for absence
Uncertified Absence			
Self-certified Absence			
Medically certified Absence			
Other form of Absence <i>(specify*)</i>			
<i>*eg: poor time-keeping giving rise to concerns re possible alcohol/drug related illness</i>			
Date of Commencement of present absence/health issue:			
Nature of sickness			

PART D - ADVICE REQUIRED FROM OCCUPATIONAL HEALTH DEPARTMENT
(Manager should tick those sections to which they require an answer)

Please supply any further information which may be relevant together with the specific questions to which you require answers: *(some examples are provided below)*

Sample Questions:

- Is there any underlying medical explanation for this employee's attendance record/behaviour at work?
- Are there any factors associated with the individual's work that may be contributing to this condition/illness?
- Do the provisions of the Equality Act apply in this case?
- What is the likelihood of the employee being able to fulfil the full duties and responsibilities of their job in the foreseeable future?
- Are you able to estimate when the employee will be able to fulfil the full duties and responsibilities of their job?
- Are there any aids or equipment, or any alterations to their work or working environment that you feel would aid the recovery/enable the employee to fulfil their full duties and responsibilities?
- Do you recommend any short-term changes to their work to enable a return for a rehabilitation period?
- Is there any specific recommendation you wish to make about the employee which would help in finding an alternative job, if that is necessary?
- Is ill health retirement a consideration?

PART E - Referring officer's name and designation and confirmation of employee's awareness of referral to Occupational Health Department	
Has Manager already performed Return to Work Interview or Interview of Concern? <i>(if YES, please give dates)</i>	YES/NO
Is the employee aware that you have referred them to Occupational Health and why?	YES/No
Employee's Signature: <i>(if not absent)</i>	
Date:	
Manager's Signature:	
Manager's Name:	
Department:	
Manager's Contact Details:	
Date:	

Data Protection

Occupational Health 1st keeps records that include personal information about our clients and patients. To find out what information we hold and your rights, please see our privacy notice on our website at www.occupationalhealth1st.co.uk Alternatively, you can ask for a copy of this to be sent to you by e-mail or to your postal address