**Confidential Management Referral to Occupational Health**

***Please complete all relevant parts of the form so that the OH Advisor can assist you.***

**Referring Manager Details**

|  |  |
| --- | --- |
| Name: | Company: |
| Tel no |  |
| E mail: |  |
| Position: |  |

**Employee Details**

|  |  |
| --- | --- |
| Name: |  |
| Home Address: |  |
| Date of Birth: |  |
| Job Title: |  |
| Location of post/site: |  |
| Full time/ part time |  |
| Length of time in current position: |  |
| Sickness printout included | YES/NO |

|  |
| --- |
| Job description and sickness absence record attached Yes/No |

**Reason for referral Please mark with X as appropriate**

|  |  |  |  |
| --- | --- | --- | --- |
| Long term sickness absence |  | Recurrent short term absence |  |
| Ill health retirement assessment |  | Concerns for work performance |  |
| Workplace assessment |  |  |  |
| Occupational exposure hazard |  | Investigation of workplace illness or injury |  |
| Substance abuse problems |  | Advice for a timescale on return to work |  |

|  |
| --- |
| Other( please specify) |

**Please provide details of current problem (how this is affecting their ability to work)**

|  |
| --- |
|  |

**How long has this problem been present?**

|  |
| --- |
|  |

**What action have you taken?**

|  |
| --- |
|  |

**What specific questions do you want answered? ( *Example questions.* *Please delete those not required) Maximum of 6 questions in total***

1. Is there evidence of an underlying medical condition that may affect the employees continuing attendance or ability to undertake their role?

2. What is the prognosis of the medical condition? Is this a permanent condition?

3. Are there work related issues that may have contributed to the employees’ current problems?

4. Are there any adjustments / adaptations required in order to assist a return to the full duties of the role? If yes, will these be permanent?

5. Is the condition likely to recur in the future and what impact will it have on the employee’s ability to do their job?

6. **Other questions (please insert)**

**Are there any specific hazards or demands that the employee is exposed to?**

**Please tick and elaborate**

* Chemical
* Physical
* Mechanical
* Work practices- repetitive movements etc.
* Biological
* Psychological factors- work intensity, decision making etc.
* Contracted work hours
* Work organisation- isolated/ team worker
* Physical demands
* Intellectual demands
* Environmental influences
* Postural aspects
* Mobility issues
* Manual skills
* Physical activity
* Special requirements
* Other aspects to be considered:

**I confirm that the reason for referral has been fully explained to the employee.**

A. Referring Manager

Signed:

Name: Date:

Employee signature (where possible)

I confirm that the referral has been fully explained to me.

Signed:

Name: Date: