

<b>Management referral.</b>						
Please complete this form thoroughly as it will help us generate the report						
<b>Employee details</b>						
First Name						
Surname		Title				
Date of Birth		__ / __ / ____		Age		
Address						
Email		Mobile				
Staff number						
Joining date		__ / __ / ____				
Job title						
Department						
Is this role defined as Safety Sensitive?		Yes/ No				
<b>Work pattern</b>	<i>Full Time</i>	<i>Part time</i>	<i>Job Share</i>	<i>Occasional</i>	<i>Shift work</i>	<i>Seasonal</i>
Occupation and Summary of Job Requirements						
<p><b>Part A: Reason for referral (please tick box/boxes and give relevant supplementary information and use box below to fully explain your concerns)</b></p> <p><b>Important: Please enclose GP certificates and give details of previous absence/attendance/ performance history over the past 12 months and reasons for the referral</b></p>						
<b>Sickness Absence</b>						
						Please tick/ detail
Recurrent short spells causing concerns						
Long term sickness						
Combination of both						
Diagnosis on sickness certificate						
Commencement date of sickness						__ / __ / ____
Employee still off work						Yes/ No
Employee returned to work on						__ / __ / ____

<b>Fitness for Work</b>	
	<b>Please tick</b>
Pre-employment	
Re-deployment	
Where to?	
Change in role?	
Post incident/ accident at work	
Details	
Return after long term sickness	
For ill health retirement assessment	
Suspicion ill health is affecting performance / attendance	
Suspicion of substance misuse e.g. Drugs/ Alcohol	
Other: Please specify	
<b>The questions that you as a Manager would like answered (Please tick boxes)</b>	
Is there an underlying health issue that may affect attendance or performance?	
Is there evidence that the work environment is contributing to the sickness absence/ ill health problem?	
When is the employee likely to return to work?	
Is the employee fit to undertake the current /proposed role when they are back at work?	
Is there additional adjustments that are recommended for when they return to work?	
If the individual were not fit to fulfil the role, would adjusted duties or temporary redeployment apply?	
Is the employee likely to render reliable and consistent service in the future?	
Is it likely that the Equality Act may apply, and if so what adjustments should be considered?	
If likely to be unfit in the foreseeable future, should retirement on ill health grounds be explored?	
Other- please specify	

<b>Part B: Types of activity undertaken by the employee</b>			
<b>Activity</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>
Manual Handling			
Lifting / Carrying (max weights)			
Standing			
Walking			
Prolonged sitting			
Computer work			
Night work			
Lone working			
Climbing ladders			
Working at heights			
Working in confined spaces			
Driving for work			
Working with chemicals			
Working with biological agents			
Working with skin irritants			
Working with dust or fumes			
Noisy environments			
Working with machinery which vibrates hands, arms, body			
Working with dangerous machinery			
Repetitive work			
Work pressure/ Demanding job			
Clinical work			
Travelling within the UK			
Travelling abroad			
Others- specify			

Part C Referral Requirements			
Have you discussed the referral with the employee and explained the reasons for for an Occupational Health Assessment?		Yes	No
Do you wish to speak to the doctor? Circle the most relevant			
No	Yes	Before the assessment?	After the assessment?
<b>Referring Managers Name</b>			
Position			
Staff number			
Email			
Telephone			
Date			
Signature			

## Part D

### Employee Information:

Your manager wishes to obtain advice from the Occupational Health Service for the reasons detailed above. You do NOT have to agree to this assessment but should you decline the offer, the matter will be managed with the information available and without the benefit of medical advice. Following the assessment and with your informed consent, a report will be sent to your manager. The contents of the report will be explained to you during the assessment and you will be offered the opportunity to see the report before it is sent to the recipient.

### Employee consent:

The reason and nature of the occupational health referral have been explained to me by my manager and I agree to undergo an occupational health assessment.  
I understand that a report will be written to my manager and that I will be given the opportunity to see an advance copy should I wish.  
I understand that there is a five day timescale between providing it to me and sending it to my manager in which time should there be factual errors, I shall inform the doctor who wrote the report.  
I understand that my consent may be withdrawn at any stage of the process, but should my consent be withdrawn, any subsequent decisions will be made on the information available and without the benefit of medical input.

I wish/ do not wish to have a copy of the report

Signature of employee

Date