

REFERRAL FOR OCCUPATIONAL HEALTH ASSESSMENT



* Please ensure these fields are completed, we are unable to process requests without this information.

Company name*		Date of Request	
HR/Manager's name*		E-mail*	
Tel. No.*		Fax No.	
Postal address*		Order No	

Occupational Health Practitioner accepts this request on the understanding that the employee below is fully aware of this referral. This referral should be completed by the Human Resources representative or Line Manager of the referred employee.

Employee's name: *		DOB: *		Sex	
Mobile number: *		E-mail:			
Skype/video contact:					
Home address: (inc postcode & tel no.)*					
Office address: (inc postcode & tel no.)*					
Is the employee at work or absent? *		Job Title:			
Brief Job Description					
Certified cause of current/recent sickness absence					
Please provide any dates or periods the employee will NOT be able to attend an appointment					

Main Reason(s) for Referral - Please indicate with X

<input type="checkbox"/>	1.	Short term sickness absence - please attach sickness absence record
<input type="checkbox"/>	2.	Long term sickness absence - please attach sickness absence record
Date employment commenced:		Date absence commenced:
Current sickness absence percentage:		%
<input type="checkbox"/>	3.	Fitness for work concerns
<input type="checkbox"/>	4.	Report after accident at work (please attach details)
<input type="checkbox"/>	5.	Job modification / pre-promotion
<input type="checkbox"/>	6.	Performance deterioration
<input type="checkbox"/>	7.	Other reason, including mobile screening referral (please specify)
<input type="checkbox"/>	8.	Pre-employment Screening

Are there any disciplinary warnings in force in relation to this referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the employee been consulted about this referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

HUMAN RESOURCES or LINE MANAGER'S REFERRAL

Part A – Information for the Occupational Health Professional:

Please give description of the employee's duties. Give details of the tasks that they perform including physical and mental demands and the nature of their work environment.

Does the employee use any equipment as a part of their job e.g. keyboard and display screen?

If yes, please give details of the equipment and state what percentage of time they spend using it?

What are the employee's normal hours? Does the employee regularly work additional hours in excess of their normal contractual hours? If yes, please give details.

Have you noticed any change in the employee's performance or have they advised you of any problem that they have been experiencing?

For example: difficulty in using equipment, travelling to work, general attitude, discipline, behaviour towards colleagues, domestic/personal problems, coping with change, health (long term/short term absence or other factors that they have identified). Please give details and explain the impact on the working environment in terms of colleagues and day-to-day operations (continue on a separate sheet if necessary).

Has there been any change in the employee's timekeeping or general motivation recently?

If yes, please give details.

Please give details of actions taken so far to address the problems outlined in this report. Continue on a separate sheet if necessary. Please relate any actions taken in respect of the following:

- Change of duties
- Change of location
- Redesign / amendment to normal duties
- Request for or actual change of hours
- Workstation assessment or employee assessment
- Aids and adaptations provided
- Additional training/mentoring/support from Line Management; any change in Line Manager
- Any referral to Employee Assistance Programme (if applicable)
- Involvement of rehabilitation services
- Any other actions you feel would be relevant.

Long Term Absences (20 working days or longer)

In order to prevent absent colleagues becoming isolated and to encourage them to return, it is important that arrangements are made to keep in touch with them. We would advise you to keep records of such contacts to show that you have acted as a reasonable employer.

Please state what arrangements you have made. Give details of any Keep In Touch visits/discussions you have undertaken, including the records of any visits/interviews held.

Indicate whether there are any difficulties in maintaining contact with the employee. Please also comment on their expectation of a return to work, and any information they have given to you about their health, absence and circumstances.

If appropriate, give details of any possible difficulties that the employee has indicated in being able to travel.



Part B – Referral Questions you wish to be addressed by the Occupational Health Professional:

Below is a standard list of questions that can be covered in the report following referral. Please tick if a response is required and use the space provided to detail any other questions that you would like answered.

Questions for the Occupational Health Professional	X
1. Is the reason for ill-health permanent / fluctuating / progressive / resolvable?	<input type="checkbox"/>
2. Is there evidence of any work-related element to the health problem?	<input type="checkbox"/>
3. Is the employee fit to carry out their normal duties at present?	<input type="checkbox"/>
4. When is a return to work likely? Please outline the timescales anticipated.	<input type="checkbox"/>
5. Is a gradual return to work recommended? If so, what rehabilitation arrangements are appropriate?	<input type="checkbox"/>
6. In your medical opinion, is the employee disabled under the terms of the Equality Act 2010?	<input type="checkbox"/>
7. Are there other actions/adjustments that the employer could make to support the employee at work or help facilitate a return to work?	<input type="checkbox"/>
8. Is a further OH review recommended?	<input type="checkbox"/>



Please use this space to specify **up to 3 additional questions** that you would like the Occupational Health Professional to answer.

If you require additional questions to be answered, please contact us before submitting your referral so that we can confirm our additional fees.

- 9.
- 10.
- 11.

Manager's Signature:		Date:	
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