



OCCUPATIONAL HEALTH REFERRAL

Employee's full name:

Employee's address:

Date of birth

Home Phone

Mobile Phone

Work Phone

Work location:

Email

Job / Job Title

Work Demands/Hours per day eg: Lifting, Bending, Standing, Computer work, Driving, Telephone work etc.

Date they first went off sick:

Reason (on self-cert or GP cert) for absence:



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How long (e.g. 4 weeks) is their current certificate for, and when does it expire:

Detailed history of absence – Please give all dates:

Reason for referral:



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I have discussed this referral with the employee named above and they have consented to attend an OH assessment.

Please tick:

Verbal consent:

Consent in writing

Signed by Manager: _____

Date of Referral: _____

Name, email address and phone number of manager making the referral:

Please confirm what information you are seeking from this referral/what questions you would like answered. Please ensure that full information has been provided and include a job description if possible:



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Suggested questions you would like to have answered: (please tick as many questions as appropriate)

- Can you confirm the current health condition(s) the Employee is suffering with.
- What impact does this health condition(s) have on the Employee that we need to be aware of in relation to their duties?
- What impact is this likely to have on the Employee's future attendance at work?
- What medication and/or treatment is the Employee currently receiving?
- Are there any specific measures, reasonable adjustments and/or restrictions we should consider making to accommodate the Employee's condition at work? For example, hours of work, pattern of work, amount of additional hours offered etc?
- How long term in your opinion is this condition likely to continue to affect the Employee? i.e. is this a chronic and/or permanent condition and therefore any reasonable adjustments you may recommend are likely to be permanent, or, is this a temporary situation that with appropriate treatment and support the Employee may make a full recovery? Any approximate timeframes you may be able to suggest will be helpful.
- Can you confirm if the Employee's condition should be considered a disability in relation to the Equality act 2010?
- In your opinion, should the Employee's sickness absence trigger points in line with Company policy be adjusted?
- Is there any further support we should be offering the Employee or further information regarding their condition we should be aware of?
- Is there anything else that the Employee can do to support her own health & wellbeing?