# 1234567

### Occupational Health and Safety & Wellbeing Service

# RD1 – OCCUPATIONAL HEALTH ASSESSMENT REFERRAL FORM

**General Data Protection Regulation (GDPR) - Please make the employee aware of our privacy notice**

[**https://coventrycc.sharepoint.com/sites/HS/SitePages/Home.aspx**](https://coventrycc.sharepoint.com/sites/HS/SitePages/Home.aspx)

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| From Manager:  HR Advisor: | Telephone Number:  Telephone Number |
| Date Sent to OHU: |  |

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| --- | --- |
| PERSONAL DETAILS OF EMPLOYEE: | |
| Full Name: | Previous Surname: |
| Employee ID: | Date of Birth: |
| Address: | Job Title: |
| Department/School: |
| Section/Division: |
| Employees Tel. No. (Home/Mobile): | Manager / Supervisor: |
| **Employee e-mail address for all correspondence.**  (Must be completed for appointment to be arranged) | |
| Name and Address of Doctor: | Manager Tel. No. (Work): |

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| EMPLOYMENT DETAILS OF EMPLOYEE  (\* delete where appropriate) | |
| \*Permanent/Temporary | \* FT / PT/ Casual / Term Time Only |
| Number of Hours Worked Per Week: | \* Pension Fund: Yes / No |
| Job Summary:  Please provide a summary of employees main role and responsibilities highlighting any special features hazards, service requirements, hour requirements (i.e. nights, shift patterns/evening working): | |
| WORK RELATED ILL HEALTH  REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 2013 | |
| Please use this form to refer employees suspected of suffering from work related ill health whether or not it has resulted in sickness absence, including repetitive strain and vibration injuries. | |

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| **Reason for Referral** (please tick appropriate box): | |
| Frequent short-term sickness absence – please include how many occurrences, total number of days and reasons. |  |
| Sickness absence of 30 days or more (long term) - please include 1st day of absence. |  |
| Health problem(s) that could affect health and safety at work |  |
| Imminent return to work flowing sickness |  |
| Early referral musculoskeletal |  |
| Early referral mental wellbeing/stress/anxiety/depression |  |
| Other |  |

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| **Please state in full the reason for referral**  (including absence/health issues): |
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| **Please attached a copy of the current Personal Adjustment Passport for all those with reasonable adjustments in place.** |

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| Please state stage in Promoting Health at Work Process: |
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**Relevant Question:**

**Please select the relevant questions you require to be answered by deleting all questions not required.**

**(Please note the questions below must be selected from NOT answered).**

1. Has the health problem(s) been diagnosed by a qualified doctor?
2. Has the employee been diagnosed with Cancer, HIV or Multiple Sclerosis by a qualified doctor?
3. What is the long-term prognosis on each of the employee's health issues, indicating the likely outcome of any treatment, what health issues will resolve completely and what conditions will be life-long?
4. If the employee has not returned to work, in your opinion, how long are they likely to remain absent?
5. Will the health condition(s) affect the employee’s ability for regular attendance at work?
6. Can the employee continue to carry out their full job role safely in respect of themselves, colleagues, or members of the public/clients? (Please outline any risks e.g. lone working, working at height, and any medical restrictions necessary).
7. Has the employee raised any concerns about anything in the working environment affecting their health? (Please give details).
8. Are there any mental or physical impairment(s) that would impact on the employee participating in face to face meetings with an appropriate Manager and/or HR Advisor? (If yes, please give reasons for your opinion and when they are likely to be able to attend a meeting).
9. If ‘Yes’, could the employee be contacted in writing, by email or by telephone.

(If ‘No’, please give reasons for your opinion and when they are likely to be able to be contacted).

1. In your opinion, do reasonable adjustments need to be considered to enable the employee to return to work/remain in work and undertake the requirements of their job? (Please give details of limited capacity and the length of time this may continue).

***(Where yes, managers must ensure the Personal Adjustment Passport is completed)***

1. Should a phased return to work be considered? Yes/No

(If Yes, please refer to the Phased Return Guidelines).

1. Is there anything further the employee can do to improve their attendance at work?
2. Is this employee permanently unable to carry out their substantive role, please give the medical reasons for this?
3. If yes, is medical redeployment or ill health retirement appropriate?

(If medical redeployment is appropriate, please outline any medical restrictions/considerations required when identifying potentially suitable alternative roles/duties).

1. In your opinion would a medical report from the employee's GP/consultant provide any further information at this time? (Yes/No)

**Please Note:**

This referral **MUST** be discussed with the employee prior to the referral being made.

I accept there may be fees incurred if a medical report or private consultation is needed.

Please charge the following Agresso code: …………………….

**THIS FORM MUST BE FORWARDED TO THE OCCUPATIONAL HEALTH SERVICE, WITH A COPY TO HUMAN RESOURCES.**

**AN APPOINTMENT WILL BE ARRANGED DIRECTLY WITH THE EMPLOYEE**

**Links:**

Health Assessment Guide for Managers

<https://coventrycc.sharepoint.com/Shared%20Documents/Occupational_Health_Assessments_Guidelines_for_managers_2015.pdf#search=health%20assessment%20guide%20for%20managers>

Reasonable Adjustment Guidance

<https://coventrycc.sharepoint.com/Shared%20Documents/Reasonable%20Adjustment%20Guidance.pdf#search=reasonable%20adjustment%20guidance>

Phased Return to Work Guidance

<https://coventrycc.sharepoint.com/Shared%20Documents/Phased%20return%20guidance.pdf#search=Phased%20return%20to%20work>