

## Management Referral for Occupational Health Assessment

### Information for the referring manager

- The reason for requesting an assessment MUST be discussed with the member of staff and his/her agreement obtained before an appointment is arranged. Please leave the signed consent - Section F part of the form blank. This is to be completed at the time of the appointment with the attending specialist.
- This form can be filled in on screen & then printed off for signing or completed as a hard copy.
- Under 'Reason for Referral' please provide appropriate background information, including information on job performance where this is an issue, and state why an occupational health opinion is being sought **at this time**. You should also indicate any specific information you would like to receive in the report. Note that it is not possible to comment on whether past absences on sickness grounds were justified.
- The member of staff should be given an opportunity to read the completed form. If the staff member is absent, he or she should be sent a copy of the form, with an explanatory letter if necessary.
- The staff member should be given a copy of the signed referral form to keep.

## Section A: Referral information

### 1.1 Personal details

Member of staff's full name:

Title:

DOB:

Age:

Home address:

Home telephone number:

Work telephone number:

Private email address:

Employment start date:

Date of appointment to present post (if different):

Does the staff member speak English?:

If no, what language is spoken?:

### 1.2 Details of Manager and HR Consultant requesting referral

Name of person making the referral:

Position:

Contact telephone number:

Department:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of HR Officer in receipt of referral:

Contact telephone number:

Work email address:

**Section B: Referral Details**

**1.1 Reason for referral**

**Why is the person being referred for an assessment *at this time*?**

*Please tick all appropriate boxes*

- Frequent short –term absence
- Long and continuous periods of absence
- Returning to work after a long-term illness, injury or surgery
- Concern about a member of staff’s health in relation to their ability to carry out the job
- The member of staff has declared that they have a medical problem
- Consideration of retirement for health reasons
- The member of staff has developed a disability and we both need advice on the management of the disability and adaptations
- Following an accident at work, which has caused or is likely to cause a significant absence (please attach a copy of the accident report, if applicable)
- Concern that a member of staff may have an infectious or contagious disease
- Other – please describe in details section below

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**Details (Please include how the problem is affecting the employee’s ability to do their job)**

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**Has the person been referred for assessment before?** Yes  No

If so, when?

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**This referral has been initiated by**

Line Manager  The member of staff  HR

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**Is this employee in the capability procedure** Yes  No

**Is this employee in the disciplinary procedure** Yes  No

**Section C: Job information**

**1.1 Details of Employee's position**

**Job title**

**Department/ Division**

**Section**

**Usual hours of work**

**Work pattern**      Full-time     Part-time     Job share

**Overtime**            None     Occasional     Regular     On-Call

**Has the employee been redeployed to this position?**

**Details of any work adaptations or job re-design previously completed**

**Brief description of the job including any significant aspects the Occupational Health Service should be aware of (*job description should be attached if available*)**

**1.2 Job demands**

Please tick **all** relevant boxes

Physical demands	Environmental demands	Work location	Other demands
	Regular/ frequent exposure to:		
Deskwork <input type="checkbox"/>	Noise <input type="checkbox"/>	Office <input type="checkbox"/>	Management of staff <input type="checkbox"/>
Standing <input type="checkbox"/>	Dust or fumes <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Pressure of deadlines <input type="checkbox"/>
Lifting or carrying <input type="checkbox"/>	Chemicals <input type="checkbox"/>	Offsite <input type="checkbox"/>	Other <input type="checkbox"/>
Computer work <input type="checkbox"/>	Biological hazards <input type="checkbox"/>	Mobile around site <input type="checkbox"/>	
Operating machinery <input type="checkbox"/>	Work at heights <input type="checkbox"/>	Other <input type="checkbox"/>	
Driving <input type="checkbox"/>	Work in confined spaces <input type="checkbox"/>		
Sedentary <input type="checkbox"/>	Fieldwork <input type="checkbox"/>		
	Travel abroad <input type="checkbox"/>		

### 1.3 Adjustments to help the employee undertake their job

**Can the company consider:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Reduction in working hours                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Restricted duties or other rehabilitation programme | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Phased return to present duties                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Temporary change in work activities                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Temporary change in work location                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Additional training                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any further comment

## Section D: Medical information

### 1.1 Current medical issues

Is the member of staff currently on sick leave? Yes  No

When does the current medical certificate run to?

What is the reason given for this absence?

## Section E: Information Required from Occupational Health

Please tick the questions you would like Occupational Health to advise upon, or alternatively use the questions below as a guidance and supply your a set of your own separately. Please try and limit your questions to around a maximum of 10 or an extended appointment may be required.

- Is this person fit for normal duties?
- Does the employee have a health problem that prevents them carrying out their normal duties?
- Does the employee suffer from a medically classed physical or mental impairment?
- Is the impairment substantial and does it affect their ability to carry out normal day to day activities?

## Management Referral for Occupational Health Assessment & Report



- Is the impairment long term. If so, how long?
- Are they receiving treatment or undergoing investigations?
- With treatment, will their ability to carry out normal duties improve in the foreseeable future?
- What is the likely timescale for a return to work in their current post?
- Is there an underlying health problem accounting for frequent absence?
- Will there be any restrictions on carrying out his/her duties from now on or when returning to work?
- Are there any adaptations to duties, equipment or work place which may enable the person to do their job?
- Are you aware of any social welfare or work issues affecting their attendance or performance?
- Is there a need to seek an alternative post? If yes, have you any specific recommendations you wish to make about this?
- Is there any additional help or treatment that you could recommend?
- Is there any evidence that the work environment is contributing to sickness absence? If so, what alterations may be beneficial?
- Following your advice, this person has been taking temporary modified duties. When will they be fit to return to full time work/contracted hours?
- Is the person permanently unfit and will they meet criteria for medical retirement?
- Is the person covered under the Equality Act 2010?
- Other advice required (see additional information below)

**Additional information required:**

**Section F: Consent Forms**

**CONSENT TO MEDICAL CONSULTATION / EXAMINATION AND/OR REPORT**

If you are filling this form in on computer, save under a new name before printing

This **must** be signed by the member of staff before an assessment can take place

Premiere People Occupational Health has been requested by your employer to arrange an independent assessment with an Occupational Health Adviser or Physician to provide advice on how your health affects your ability to work.

The General Medical Council Guidance on Confidentiality indicates that you should have the opportunity to confirm that you understand the purpose of the assessment, that you agree to the assessment and provision of a report to your employer and that you have access to the employer's report.

You do not have to agree to this assessment of your fitness. However, if you do not agree and your attendance, performance or conduct is causing concern, then the matter may have to be taken forward without the benefit of medical advice.

The report will not normally contain details of any medical problem you may have. Its main purpose is to provide advice on your fitness to work. **Medical details will only be included if it will be of benefit to you and if you have specifically agreed to this.**

I confirm that I understand nature and purpose of the assessment today. I understand that the assessment may include a physical examination.

I understand a report will be sent to my employer based upon today's assessment. I understand the purpose of the report is to provide information to my manager to allow him/her to address health related issues that may impact on my health and safety at work and/or future employment.

I understand that relevant information cannot be withheld and that personal information will not be disclosed unless relevant.

I understand that I can decline the assessment, but that my employer will then make further employment related decisions without the benefit of specialist advice.

I **\*agree/decline** to undergo the assessment.

I **\*agree/decline** for my OH records to be held by Premiere People Occupational Health as a result of this referral.

I **do not** wish to receive a copy of the final report

I **do** wish to receive a copy of the report **at the same** time as it is sent to my employer.

I **do** wish to receive a copy of the final report **before** it is sent to my employer (this will be emailed/posted three working days before it is sent to your employer)

**My email address is** .....

**Signature** ..... **Date** ...../...../.....

Surname ..... Forename.....

Mr/Mrs/Miss/Ms/Title ..... Date of Birth 

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Address .....

..... Post Code .....

EMPLOYER .....

\*delete as appropriate

**ACCESS TO MEDICAL REPORTS ACT 1988 CONSENT FORM**

The Access to Medical Reports Act 1988 Consent form - allows the independent Occupational Physician on behalf of Premiere People Occupational Health to write to your GP and/or Consultant to obtain medical information about your condition.

**ACCESS TO MEDICAL REPORTS ACT 1988 AND THE DATA PROTECTION ACT 1998**

I hereby consent to a medical report or full medical records being supplied in confidence by my Doctor and/or my Consultant Specialist (if applicable) to the Occupational Health Adviser or Physician on behalf of Premiere People Occupational Health to my employers.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and the Data Protection Act 1998 having read the summary of my principal rights under the Acts as set out overleaf.

I do not require to see my medical records or the medical report by my GP or Consultant before it is used\*  
 \*(Please delete the preceding sentence if you do wish to see reports before they are sent to us)

My doctor's name and full postal address is: .....

Tel:.....

The name and full postal address of my Consultant Specialist, if applicable, is:

Tel:.....

**Signature:** .. X.....

**Date:** .X.....

**ACCESS TO MEDICAL REPORTS ACT 1988**

**Summary of your rights under the Act**

- 1 You can withhold your consent to the report being provided.
- 2 You have 21 days in which to arrange with your GP to view the report. If these arrangements are not requested within 21 days, the GP can then send the report to our Corporate Medical Adviser (and you may pay for a copy if you wish).
- 3 You can ask the doctor either to amend any part of the report which you consider to be misleading or, if the doctor does not agree to change it, you may add your own comment to the report. You may also withdraw your consent at that time.
- 4 There are certain circumstances under which the doctor may withhold the report or part of the report from you if such action is felt to be in your best interests. Your doctor will inform you in writing that access is being denied but that access may still be allowed to any part of the report not covered by the exemptions
- 5 If you decide at the moment not to see the report you will still have six months in which to change your mind and to contact your doctor for a copy of the report. If you indicate on the Consent Form below that you do not wish to see the report then your doctor can send it to our Corporate Medical Adviser immediately.

**DATA PROTECTION ACT 1998**

1. General information that identifies an individual is known as personal data.
2. Information regarding health, medical history and any treatment you have received is known as sensitive personal data.
3. Your explicit written consent is required to obtain and process any sensitive personal data about you.
4. You have the right of access to information we hold about you. This information is subject to medical confidentiality guidance which aims to protect you from physical or mental harm when reading about your state of health and means the doctor acting for your company will review the information before it is sent to you.
5. If you believe the information is inaccurate or misleading you can request an amendment is attached to the information.
6. If you want to have access to any information we hold about you, your request must be made in writing to us. A check will be made to verify you are the person seeking the information. In certain circumstances a charge may be made for the release of information. You will be informed of any charge in writing.
7. If a report reveals information about a person other than yourself, that part of the report may be kept from you.
8. All enquiries should be made (in writing) to your HR Manager or Department