



## Occupational Health Management Referral Form

### SECTION ONE – Referral Details

<b>Referring Organisation</b>	
<b>Referring Manager</b>	
<b>Position</b>	
<b>Contact Telephone Number</b>	
<b>Contact Email Address</b>	
<b>Date Referral Sent</b>	

<b>Employee Forename</b>		<b>Employee Surname</b>	
<b>Job Title:</b>		<b>Job Description Attached:</b>	
<b>Home Address</b>		<b>Date of Birth:</b>	
<b>Email Address</b>		<b>Home Tel No:</b>	
		<b>Mobile Tel No:</b>	

<b>Are there any specific times of the day when the employee will be UNAVAILABLE for appointments (due to for example annual leave, holidays etc.) Please provide details where relevant.</b>
<b>Are there any contributing factors that need to be considered?</b> (the individual is undergoing disciplinary investigation, capability procedure and/or home related issues)



**SECTION FIVE - Information required from this referral (please tick ):**

1.	Is he / she fit to carry out the full range of duties relating to his / her job? If not, which duties are they not fit to do?	
2.	What is the period of recovery anticipated before a return to work is likely to be possible?	
3.	Please advise on the probable date of fitness to resume normal duties: a) Whether restricted duties are required to facilitate a return to work as part of a rehabilitation programme. If so please advise. b) In your medical opinion, should there be anything else that we should consider as part of this phased return to work plan outlined, by way of recommendations?	
4.	Is there a likelihood of on-going complications and absences from work?	
5.	Is there any need for on-going medical treatment/regular appointments?	
6.	Is there any medical reason that would affect the individual's ability to participate in formal management process?	
7.	Does the condition impose Health & Safety / Safeguarding risks to the staff and or students? If so in what way?	
8.	Is other OH legislation likely to apply? (e.g. Work Time, Display Screen Equipment, Manual Handling, Pregnancy and Infant feeding, Noise or COSHH)	
9.	Is this condition likely to be long term, meeting the requirements of the Equality Act 2010?	

**SECTION SIX – Supplementary Questions**

	<b>Supplementary questions</b>
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**SECTION SEVEN – Employee Consent**

<b>Confirmation of Employee Consent</b>	<b>Please Tick</b>	<b>Date</b>
I can confirm that the employee is aware of the purpose and content of this referral.  OR  Employee's signature  .....		