

Manager to complete form and return to the Occupational Health Service

Date Received in OHS	
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1. Contact information			
Employee details – please ensure details are complete and correct			
Employee full name (inc known as name)			
Title		Employee No.	
Home Address:			
Post code		Date of birth	
Home phone		Mobile	
Email - work			
Email - home			
Are there any particular requirements in relation to access, mobility and/or communication? (if yes, provide details below)	Yes		No
Requirement details			
Details of Manager making the referral			
Name		Directorate	
Job title		Phone No	
Email		Cost code	
Organisation / school name		Subjective	
Department			
Address (inc post code)			
HR Officer contact information			
HR officer name		Phone No	
Email			

2. Employee work details

Contract type and working hours

Job title					
Is the employee:	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	<input type="checkbox"/>
Contracted weekly hours					
Is regular overtime worked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Is this the employee's only role?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If no, what is their other role?					

Work related hazards/activities

From the following list, please identify which items are associated with the employees job role

Generally office based sedentary work	<input type="checkbox"/>	Display Screen Equipment	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Psychological stress	<input type="checkbox"/>
Chemicals and pesticides	<input type="checkbox"/>	Lone working	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Moving and handling	<input type="checkbox"/>
Frequent hand washing	<input type="checkbox"/>	Latex gloves	<input type="checkbox"/>
Clinical waste	<input type="checkbox"/>	Food handling	<input type="checkbox"/>
Working with animals	<input type="checkbox"/>	Extreme temperatures	<input type="checkbox"/>
Unsociable hours / on call	<input type="checkbox"/>	Vulnerable service users and service users who have challenging behaviour	<input type="checkbox"/>
Lasers and radiation	<input type="checkbox"/>	Inhalation exposure to dust, fumes, mists, gases or vapours - specify below	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>		<input type="checkbox"/>

Use the space below to details any other hazards not listed here:

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3. Referral to Occupational Health

Attendance

At the time of referral, is the employee in work?	Yes		No	
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What was the first date of the current absence?				
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At the time of referral is the employee subject to disciplinary / grievance / capability / work review / management action?	Yes		No	
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If yes to the above, please provide details:

Use the space below to provide details of sickness absence for the past 2 years:

Reason for referral

Frequent short term sickness absence		Long term sickness absence	
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Concerns about health in relation to work		Advice on return to work	
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Other (provide details in the space below)

Type of advice required

Is there an underlying health problem affecting this individual's performance or attendance at work?	
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Are they currently fit to carry out the duties outlined in the job description? (please ensure you supply the job description with this referral request)	
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Are there any short term adjustments to the work tasks or environment recommended?	
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Are any permanent adjustments to the work tasks or environment recommended?	
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What is the likely timescale for recovery and/or when do you anticipate a return to work?	
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Is there a requirement for ongoing medical support or intervention?	
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Is the health problem likely to re-occur or affect future attendance?	
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In your opinion does the health problem meet the criteria for disability as defined by the Equality Act 2010?	
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Use this space to detail any other advice you might need:

Background information

Please provide as much background information as possible about why you are referring this person as well as information on any adjustments you've already made to support the employee. Also include additional specific questions you would like to be addressed in the report,

4. Manager declaration

Failure to confirm each of the following statements will result in the form being returned, causing a delay in the referral.

I have discussed the request for Occupational Health Assessment with the employee and explained the reasons for this.

The employee is aware that a written report from Occupational Health will be forwarded to their Manager and HR and copied to the employee.

I have provided the employee with a copy of this request.

Manager name:

Date:

Date this referral request was submitted to Occupational Health:

Should you require any assistance in completing this form, please contact your Human Resources department or Occupational Health (01743 252833).

Please email the completed form to OccupationalHealth@shropshire.gov.uk

The Occupational Health Team, Shropshire Council, Shirehall, Abbey Foregate,
Shrewsbury, SY2 6ND