# Referral for occupational health assessment

To be completed by the referring manager and submitted to the Occupational Health Adviser with supporting documents as necessary.

## Section 1 – Employee details

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Contact number** |  |
| **Email address** |  |
| **Job title / Grade** |  |
| **Department / section** |  |
| **Are there any adjustments required in order to enable the employee to attend the occupational health assessment?** |
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## Section 2 - Referring manager’s details

|  |  |
| --- | --- |
| **Title and full name** |  |
| **Department / section** |  |
| **Contact number** |  |
| **Email address** |  |
| **Job title** |  |

## Section 3 – Reason for referral

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| **Please indicate the reason why the employee is being referred to Occupational Health** |
| Long-term sickness absence |  |
| Recurrent short term sickness |  |
| Ill-health retirement / capability assessment |  |
| Concerns with work performance |  |
| Investigation of workplace illness or injury |  |
| Return to work |  |
| Other - Please specify on next page |  |

**Please provide further details regarding the reason for referral to the Occupational Health Adviser, including a description of the main issues relating to the health problem. See on the next page for examples of the type of information you might also provide.**

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Consider providing details of:

* the effects of the health problem on work performance and attendance
* the impact of the above issues on the employee, their team, department and others
* actions which have been taken to date (include risk assessments, redeployment, alterations to hours, training, and new equipment)
* any other non-health factors relevant to this referral ie lifestyle / personal factors, potential disciplinary
* the employee's view on his/her health and / or job performance
* whether the employee is receiving medical assistance and advice and any treatment the employee receiving
* what work based tasks does the employee feel he / she is / is not capable of completing
* what day to day tasks does the employee feel he / she is / is not capable of completing
* what (if any) targets for improvement have been set
* what (if any) workplace adjustments have been discussed / put in place

## Section 4 – Employee work pattern

|  |  |
| --- | --- |
| How many hours does the employee work each week? |  |
| Does the employee work shifts? Please provide details |
|  |

## Section 5 – Employee role and responsibilities

**What are the significant risk requirements of the job?**Please tick as appropriate and attach a full job description.

|  |  |
| --- | --- |
| Manual handling |  |
| Repetitive actions |  |
| Preparation of food |  |
| Intense concentration |  |
| Physical activity |  |
| Demand/deadline orientated |  |
| Other |  |

**Please provide any further, relevant, details of the employees role together with detail from any meetings / discussions with the employee that may assist the OH referral**

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## Section 6 – Sickness absence history

**Please include detailed information on the individual's sickness absence history including number of instances, the number of days and whether the period was self-certified or has a doctor's certificate.**

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## Section 7 – Specific advice required

**Below are examples of questions you may want addressing. Indicate those which are relevant to this case, and / or detail any specific advice you require.**

I would be grateful if you could advise on the following questions:

|  |  |
| --- | --- |
| Is the employee currently fit to carry out the duties outlined in the job description? |  |
| Is there an underlying medical condition affecting performance or attendance at work? |  |
| In your opinion is there a further requirement for medical support / intervention? |  |
| Are there any short-term adjustments to work tasks, environment that would help facilitate rehabilitation or an early return to work ie a phased return? |  |
| Are any permanent adjustments to the work tasks, environment recommended |  |
| What is the likely time-scale for recovery / anticipated return to work? |  |
| Is the health problem likely to recur / affect future attendance / performance? |  |
| In your opinion, does the employee have a physical / mental impairment which has a substantial and long term effect on their ability to carry out their normal day to day activities outlined in the job description? |  |
| Are they a suitable candidate for redeployment on medical grounds? |  |
| Are they suitable for ill-health retirement? |  |
| I have a specific question: |

## Section 8 – Supporting documents

**Please indicate the documents attached to the referral:**

|  |  |
| --- | --- |
| Job description |  |
| Sickness absence record |  |
| Copies of medical certificates |  |
| List any other documents here: |

## Section 9 – Referral authorisation

To be completed and signed by the manager requesting the assessment.

**I confirm I have discussed the reasons for referral with the staff member**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |

**I confirm I have discussed the reasons for referral with the relevant line manager**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |

**I am aware that the member of staff will receive a copy of the resulting report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |

**I confirm I have notified my department's HR Partner / Adviser \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | N/A |  |

\* If you've notified your HR Partner / Adviser please enter their name(s)

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|  |

**If you have answered 'No' to any of the above please state why**

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|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

## Section 10 - For completion by Employee

**I confirm that I am aware that this will be sent to the Occupational Health team and that my line manager has explained the reasons for this referral to me.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

## What happens next?

Send the completed form with any supporting documents to the Occupational Health Adviser

* by email at occupational-health@york.ac.uk
* by internal post to Occupational Health, Heslington Hall. Mark your envelope 'Private and confidential'

The Occupational Health team will arrange an appointment for the employee and notify them of their appointment by email, phone, text or post.

**For more information, go to:** [Occupational Health](https://www.york.ac.uk/admin/hr/browse/health-and-well-being/occupational-health)

## PLEASE NOTE

Sometimes your employer may ask us for clarification following a report and/or ask to meet us (a case conference). You may also be asked to attend. We may be able to clarify the report and advice given verbally, but we will not answer new or additional questions without consulting you.

## Privacy Notice

Please refer to the privacy notice here: <https://www.york.ac.uk/admin/hr/health-and-well-being/occupational-health/OH-privacy-notice.pdf>