

Management referral to Occupational Health Service

To facilitate this assessment it is important that the Occupational Health Department is in possession of all the relevant facts and the employee fully understands the reason(s) for the referral.

Employee Details	
Full Name:	Date of Birth:
	Mobile Number:
Home Address:	
	Post Code
E-mail Address:	
Post Title:	
Location of Post (address or site location):	
Full or part time – please indicate contractual hours:	
Is employee currently at work? YES/NO	

Please attach current job description

Reason for Referral (please tick as appropriate):			
Long term sickness absence	<input type="checkbox"/>	Recurrent short term sickness absence	<input type="checkbox"/>
Ill health retirement assessment	<input type="checkbox"/>	Concerns for work performance/fitness for work	<input type="checkbox"/>
Substance abuse problems (alcohol or drugs)	<input type="checkbox"/>	Occupational exposure hazard concerns	<input type="checkbox"/>
Workplace illness or injury	<input type="checkbox"/>	Other	<input type="checkbox"/>
Detail:			

Please attach complete sickness record

Specific Advice Required from Occupational Health (please tick as appropriate):			
Is the employee fit for work?	<input type="checkbox"/>	When will the employee become fit to work?	<input type="checkbox"/>
Is the medical problem likely to be caused or made worse by work activity?	<input type="checkbox"/>	Are job restrictions or modifications required/ appropriate?	<input type="checkbox"/>
Is the Equality Act likely to apply?	<input type="checkbox"/>	Is the employee likely to have further absences due to this illness?	<input type="checkbox"/>
Does the employee fulfil the Ill-Health Retirement criteria?	<input type="checkbox"/>	Other - Please detail below:	<input type="checkbox"/>
Detail:			

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I confirm that the reason for the referral to the Occupational Health Service has been explained to the employee and that the employee has been offered a copy of this referral

Name **HR.** **Manager** **Date**

(NB Employees have the right of access under the Data Protection Act to any report generated, and a request for a copy of the report provided cannot be denied under normal circumstances.)

Referring Manager (to whom report should be sent):	
Name:	Title:
Address:	
	Post Code
Contact Telephone Number:	Fax Number:
E-mail Address:	
Signed:	Date:

HR Contact	
Name:	Title:
Address:	
	Post Code
Contact Telephone Number:	Fax Number:
E-mail Address:	
Signed:	Date:

Please confirm the following are attached

Job Description

Sickness Absence Record

Please email the completed document password protected with relevant attachments to: contact@totalhealthworks.co.uk

Alternatively by post:

Total Health Works
Kemp House,
160 City Road
London EC1V 2NX

Any questions? Please call us on 01225 471449