**Please ensure that this form is submitted in an editable document format.**

|  |
| --- |
| **Section 1 - For line-manager to complete** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Name of employee** |  |
| **Payroll number** |  |
| **Date of Birth** |  |
| **Job title** |  |
| **Department** |  |
| **Line-manager** |  |
| **HRBP Contact** |  |
| **Employee Contact telephone no.** |  |
| **Date of Initial referral** |  |
| **Reason for referral** | Health related performance issues  Possible work related health problem  Rehabilitation  Sickness absence  Other (please state) ………………………………………………………… |

**NATURE OF CURRENT ROLE**

|  |
| --- |
| **Please provide a description of the individuals working environment to include number of individuals in team, nature of work (whether physically demanding, requiring travel, office based, use of a pc, degree of repetition of tasks, hours of work, shifts, anti-social working hours etc.)**  **Please highlight ANY DIFFERENCES between job description (if submitted as a supporting document) and the current work undertaken.**  The recommendations of the Occupational Health Advisor will be informed by this information so please provide as much detail as possible. |
|  |

**NATURE OF ISSUE**

|  |
| --- |
| **Please outline the issues initiating this request, including the effect of the health issue on work performance and attendance, and steps taken to date to try and address this. Please also explain any imperatives associated with the role or team which need to be taken into consideration in identifying suitable potential modifications/adjusted hours etc.** |
|  |

**SPECIFIC ADVICE REQUESTED**

|  |  |
| --- | --- |
| Please tick which of the following questions you would like the Occupational Health Advisor to address: | |
|  | What is the nature of the individual’s condition? |
|  | Are they currently fit to carry out the duties outlined in the job description? If not, what type of work are they able to do at the moment and what should be avoided? |
|  | Are there any adjustments to the work tasks or environment that would help facilitate rehabilitation or an early return to work? |
|  | What is the likely time-scale for recovery and/or when do you anticipate a return to work? |
|  | Is the health problem likely to recur or affect future performance? |

|  |
| --- |
| **Section 2 - For HR to complete** |

|  |  |
| --- | --- |
| **Triage date** |  |
| **Triage outcome** | Refer to Occupational Health Adviser for next available appointment |
| Defer for referral until date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Decline referral because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUPPORTING INFORMATION**

|  |  |
| --- | --- |
|  | Current job description |
|  | Copies of Fit notes for the relevant period |
|  | Sickness Absence record |
|  | Risk Assessment / DSE Assessment form |
|  | Letter from doctor/consultant/counsellor/etc. |

|  |
| --- |
| **Section 3 - Initial Occupational Health appointment** |

|  |
| --- |
| **For Occupational Health Advisor to complete** |

|  |  |
| --- | --- |
| **Date of initial Occupational Health appointment** |  |

**OCCUPATIONAL HEALTH ADVISER RECOMMENDATIONS**

|  |
| --- |
| What is the nature of the individual’s condition? |
|  |
| Are they currently fit to carry out the duties outlined in the job description? If not, what type of work are they able to do at the moment and what should be avoided? |
|  |
| Are there any adjustments to the work tasks or environment that would help facilitate rehabilitation or an early return to work? |
|  |
| What is the likely time-scale for recovery and/or when do you anticipate a return to work? |
|  |
| Is the health problem likely to recur or affect future performance? |
|  |
| (Please type - specific question not mentioned above) |
|  |

|  |
| --- |
| **Outcome of initial Occupational Health assessment** |
|  |
| **Any other recommended actions, including future referral suggestions, if further information is required (including risk assessments in conjunction with Health, Safety & Environment) and any recommendations that need to be addressed between the individual and line manager.** |
|  |

|  |  |
| --- | --- |
| **In your professional opinion, is the individual able to return to work following this assessment?** | Yes / No |
| **If yes, when?** |  |
| **I suggest a review in:** | 4 weeks  6 weeks  3 months |
| **Type of Occupational Health review:** | Telephone appointment  Face to face appointment |

|  |
| --- |
| **Section 4 - Occupational Health Review 1 – Further information** |

|  |  |
| --- | --- |
| **Update from line-manager** | **Date:** |

|  |
| --- |
| **Please provide an update on the individual’s progress since the previous Occupational Health appointment including any adjustments made, or reasons why adjustments could not be facilitated and alternative arrangements made.** |
|  |
| **Please provide details of any specific questions you would like the Occupational Health Advisor to address (when new questions are added/required)** |
|  |

|  |
| --- |
| **RECORD OF ALL OH APPOINTMENTS - For HR to complete** |

|  |  |  |
| --- | --- | --- |
| **Date** | **In person / telephone** | **Fit / Not fit to return** |
|  |  |  |

**SUPPORTING INFORMATION ATTACHED**

|  |  |
| --- | --- |
|  | Supporting documents from previous OH appointments |
|  | Copies of Fit notes since the previous appointment |
|  | Sickness Absence record |
|  | Risk Assessment / DSE Assessment form |
|  | Copies of letters sent to employee re absence review meetings |

|  |  |
| --- | --- |
| **For Occupational Health Advisor to complete** | **Date:** |

**OCCUPATIONAL HEALTH ADVISER RECOMMENDATIONS**

|  |
| --- |
| **Please provide an update of the individual’s health including future referral suggestions, if further information is required (including risk assessments in conjunction with Health, Safety & Environment) and any discussions that need to be undertaken between the individual, line manager & HR.** |
| **Review 1** |
| **ABLE TO RETURN TO WORK STATUS:**  (if required) Review in … |

|  |
| --- |
| **Section 4 - Occupational Health Review 2 – Further information** |

|  |  |
| --- | --- |
| **Update from line-manager** | **Date:** |

|  |
| --- |
| **Please provide an update on the individual’s progress since the previous Occupational Health appointment including any adjustments made, or reasons why adjustments could not be facilitated and alternative arrangements made.** |
|  |
| **Please provide details of any specific questions you would like the Occupational Health Advisor to address (when new questions are added/required)** |
|  |

|  |
| --- |
| **RECORD OF ALL OH APPOINTMENTS - For HR to complete** |

|  |  |  |
| --- | --- | --- |
| **Date** | **In person / telephone** | **Fit / Not fit to return** |
|  |  |  |

**SUPPORTING INFORMATION ATTACHED**

|  |  |
| --- | --- |
|  | Supporting documents from previous OH appointments |
|  | Copies of Fit notes since the previous appointment |
|  | Sickness Absence record |
|  | Risk Assessment / DSE Assessment form |
|  | Copies of letters sent to employee re absence review meetings |

|  |  |
| --- | --- |
| **For Occupational Health Advisor to complete** | **Date:** |

**OCCUPATIONAL HEALTH ADVISER RECOMMENDATIONS**

|  |
| --- |
| **Please provide an update of the individual’s health including future referral suggestions, if further information is required (including risk assessments in conjunction with Health, Safety & Environment) and any discussions that need to be undertaken between the individual, line manager & HR.** |
| **Review 2** |
| **ABLE TO RETURN TO WORK STATUS:**  (if required) Review in … |

|  |
| --- |
| **Section 4 - Occupational Health Review 3 – Further information** |

|  |  |
| --- | --- |
| **Update from line-manager** | **Date:** |

|  |
| --- |
| **Please provide an update on the individual’s progress since the previous Occupational Health appointment including any adjustments made, or reasons why adjustments could not be facilitated and alternative arrangements made.** |
|  |
| **Please provide details of any specific questions you would like the Occupational Health Advisor to address (when new questions are added/required)** |
|  |

|  |
| --- |
| **RECORD OF ALL OH APPOINTMENTS - For HR to complete** |

|  |  |  |
| --- | --- | --- |
| **Date** | **In person / telephone** | **Fit / Not fit to return** |
|  |  |  |

**SUPPORTING INFORMATION ATTACHED**

|  |  |
| --- | --- |
|  | Supporting documents from previous OH appointments |
|  | Copies of Fit notes since the previous appointment |
|  | Sickness Absence record |
|  | Risk Assessment / DSE Assessment form |
|  | Copies of letters sent to employee re absence review meetings |

|  |  |
| --- | --- |
| **For Occupational Health Advisor to complete** | **Date:** |

**OCCUPATIONAL HEALTH ADVISER RECOMMENDATIONS**

|  |
| --- |
| **Please provide an update of the individual’s health including future referral suggestions, if further information is required (including risk assessments in conjunction with Health, Safety & Environment) and any discussions that need to be undertaken between the individual, line manager & HR.** |
| **Review 3** |
| **ABLE TO RETURN TO WORK STATUS:**  (if required) Review in … |

|  |
| --- |
| **Section 5 – Discharged from Occupational Health Review** |

|  |  |
| --- | --- |
| **For Occupational Health Advisor to complete** | **Date:** |

|  |  |
| --- | --- |
| **To be completed after the last Occupational Health Review** | |
| **Date they have been discharged from OH:** |  |
| **Occupational Health Advisor recommendation:** | Able to return to work  Not fit to return to work |