

## MANAGEMENT REFERRAL FORM

SECTION 1 – Employee Details	
<b>Employee Name</b>	
<b>Date of Birth</b>	
<b>Job Title</b>	
<b>Company name &amp; department</b>	
<b>Full/Part Time</b>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekly hours .....
<b>Location</b>	
<b>Start date of role</b>	
<b>System of work</b>	Office hours / early shifts / late shifts / 3-shift / 2-shift / 12 hour shift / night shift / other – please detail
<b>Description of main duties</b>	
<b>Current job description attached</b>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Employee Contact Address</b>	
<b>Employee Contact Phone No.</b>	
<b>Are there any particular requirements in relation to access, mobility or communication?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes please provide details)

### Section 2 – Details of Manager and HR representative requesting assessment

SECTION 2 – Details of Manager	
<b>Manager's Name</b>	
<b>Job Title</b>	
<b>Company name/department</b>	
<b>Contact Number</b>	
<b>Email address</b>	
<b>HR Partner/HR Adviser</b>	

SECTION 3 - Hazards and risks associated with job (please tick appropriate boxes)	
Moving and handling	Vibrating tools
Hot temperatures e.g. boiler house	Outside cold work or deep freeze
Frequent hand washing	Psychological stress
Use of latex gloves	Work at height e.g. ladders/roofs
Clinical waste	Radiation: ionising / non-ionising
Vulnerable patients / children / emotionally disturbed clients	Lasers
Animals at work	Pesticides
Inhalation exposure to dusts, fumes, mists, gases or vapours Please specify:	Hazardous micro-organisms e.g. lab staff / infectious disease unit
Lone working	Genetically manipulated organisms
Lead	Unsociable hours / on call
Food handling	Skin exposure to hazardous substances e.g. solvents Please specify:
Asbestos	Noise
Driving e.g. car/van/PCV/LGV/patient transport Please specify:	Display screen equipment:
Other hazards Please specify:	

SECTION 3 – Reason for Referral (Please <input checked="" type="checkbox"/> as appropriate)	
Health Related Performance Issue	<input type="checkbox"/>
Possible work related health problem	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Long Term Sickness Absence	<input type="checkbox"/>
Recurring Shorter Episodes of Sickness Absence	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

Absence Record (details of any sickness in the last 2 years)			
Reason stated on medical certificates	Valid From	End Date	Number of Days




**Please outline the main issues initiating this request, including the effects of the health problem on work performance and attendance.**

**Please specify the advice requested.  
(Examples of the questions managers may wish to seek advice on is also detailed below.)**

**Will this employee be fit to resume full duties?**

**Are there any work modifications or restrictions required?**

**Are there any work factors that are likely to delay recovery?**

**Is the health problem likely to recur or affect future attendance?**

**Other information** (e.g. opportunities for job adjustment/redeployment, any outstanding disciplinary/grievance procedures)

**Referral Authorisation:**

- 1. I confirm that I have discussed the reasons for this referral with the employee
- 2. I confirm that I have discussed the reasons for this referral with an HR Partner/HR Adviser
- 3. I am aware that the employee will receive a copy of the resulting report

Signature ..... Date .....

***Please return all the completed forms in an email to:***

annaskey@myoccupationalhealth.com      Tel: 07887 564395

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