



Occupational Health Management Referral

CONFIDENTIAL

Following discussions with the employee, by the HR Dept. and/or Line Manager, about the reasons for the OH Referral, please complete this form in full. Failure to complete sections will mean the form is returned for completion that could cause delays in the referral process. Ideally, the HR Dept. will complete the form with the employee and Line Manager to ensure all details are correct and for the employee to sign the form. If this is not possible, the form will be sent to the employee for signature and forwarding on to the Occupational Health Service.

EMPLOYEE NAME (inc title)	Click here to enter text.	Place of work	Click here to enter text.
Date of birth	Click here to enter a date.		
Main Role	Click here to enter text.	Shift patterns:	Choose an item.
Contracted hours	Click here to enter text.		
Main activities of job role, include workplace hazards if applicable (max 200 words please).			
Does the employee require help with any of the following?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language or communication		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Access to the appointment/use of stairs		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details if ticked yes		Click here to enter text.	
EMPLOYEE CONTACT DETAILS			
Preferred contact telephone number		Click here to enter text.	
Preferred email contact address		Click here to enter text.	
Home postal address inc post code			

EMPLOYER DETAILS:	
Referrer Name to whom OH report will be returned	Click here to enter text.
Referrer Contact telephone	Click here to enter text.
Referrer email address	Click here to enter text.

Referrer address			
Type of referral	Choose an item.	Please provide further details in free text boxes below	
Health reason	Choose an item.		
Current work status	Choose an item.		
Enter date absence commenced (if applicable)		Sickness absence in past 12 months	
Are you aware of any disciplinary or grievance issues impacting on this employee?		Choose an item.	
Please outline the specific reasons that have led to this referral. This needs to include sufficient detail to enable an appropriate assessment. It should include an indication about how any concerns are impacting upon the individual's ability to perform the activities of their role.			
Please provide any other information that you feel Occupational Health should be made aware of, relating to this referral			
Please provide details of any adaptations or support measures that have already been put in place.			

The Occupational Health report will include responses to the questions in Box 1 below. Please add any other specific questions you require answered.

Box 1 (these questions will be answered as standard)	<ul style="list-style-type: none"> • What is the current health situation? • Fitness for work? • Recommendations to support the employee at work? • Review plans?
Additional Questions	

This referral should be discussed with the employee about whom it relates. The employee should be provided with a copy of the referral form for their records.

Referrer name:		Date:	
I have read the above and consent to a health assessment by Workplace Wellness for the purpose of advising my employer as to my fitness for work.			
Employee signature		Date:	

This referral will be processed in line with the General Data Protection Regulation (GDPR) 2018. Personal and sensitive data is processed in accordance with GDPR to protect the data of client organisations and their employees.