

OCCUPATIONAL HEALTH REFERRAL FORM

Employer Contact Details

Name of employing organisation/company:	
Name of person our report is to be sent back to:	
Job title of referrer:	
Referrer Address:	
Referrer Email:	
Referrer Telephone no:	

Employee Contact Details

Title (Miss, Mrs, Ms, Mr):	
Forename:	
Surname:	
Date of birth:	
Home address:	
Home phone or mobile no:	
Employee email address:	

Employee Role Details

Job title:	
Place of work:	
Approximate date of starting post if recent:	
Perm/temp/casual/relief:	
Contracted number of hours per week:	
Shift pattern/days/hrs:	
Significant safety risks of job: Examples: Driving duties at work, machinery operation, working at heights, COSHH, Lead, vibration, risk of road traffic accidents, manual handling, challenging behaviour, violence and aggression, scalding/ burning.	
Is the employee at work now or on sick leave?	
If on sick leave – since when and reason?	

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Reason for Referral: (please tick ✓ and attach details):	
<u>Long term sick leave –advice needed about fitness to return, timescales, adjustments, future.</u>	
Repeated short term sick leave – advice needed about underlying linked conditions, disability, fitness, adjustments, future.	
Substance misuse – alcohol, prescribed drugs, illegal drugs.	
Health condition declared – advice about fitness, adjustments, restrictions, future.	
Performance concerns – underlying conditions, fitness, adjustments.	
Ill health retirement assessment	
Preplacement/new starter questionnaire	
Please explain briefly why you are referring them – tell us what has happened so we can provide you with more useful advice (attach a letter if needed):	

Please tick the questions the employer needs answering by the occupational health doctor:

1	Is the employee fit to perform the normal hours and duties of the post?	
2	If the employee is not fit now – when will they be fit (return to work date estimate)?	
3	Is there an underlying medical condition responsible for the issue?	
4	Is the employee having appropriate medical treatment for the condition, and if so will it be beneficial and over what timeframe?	
5	Any occupational health suggestions for further medical treatment or support?	
6	Is the employee likely to be considered covered by the disability provisions of the Equality Act?	
7	Are there any occupational health suggestions for adjustments, support or redeployment for the employer to consider?	
8	Are there any safety issues the employer needs to be taken into account?	
9	What is the likelihood that the employee will be able to provide regular and effective service in the future?	

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10	Ill health retirement advice?	
11	Is the employee fit to attend a performance/disciplinary interview and if so what adjustments do they need to attend them?	
12	Additional question not covered above?	
13	Additional question not covered above?	
Any other information that you would like to tell us? E.g., concerns about fitness for specific tasks or deadlines approaching.		
Is the employee aware of this referral and the reasons for it?:		Yes/No
Signature of Referrer:		
Date of referral:		

Once completed please send to admin@getmedic.co.uk and we'll offer an appointment. If you wish to discuss your referral please let us know and we will be happy to speak about it.