**STRICTLY CONFIDENTIAL**

**Occupational Health Referral Form**

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| **SECTION 1 – INDIVIDUAL’S DETAILS & CONSENT** | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | |
| Forename(s): | | |  | | | | | | | Title: | | | | |  | | | |
| Job Title: | | |  | | | | | | | D.O.B: | | | | |  | | | |
| Telephone No: | | |  | | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | |
| Home address: | | |  | | | | | | | | | | | | | | | |
| **CONSENT for Occupational Health to OBTAIN A MEDICAL REPORT FROM GP AND/OR TREATING HOSPITAL CONSULTANT:** | | | | | | | | | | | | | | | | | | |
| * I do / do notconsent to a medical report and/or medical records supplied (in confidence) by my General Practitioner (GP) and/or treating Hospital Consultant to the Occupational Health Team. I have understood the summary of my rights in line with the Access to Medical Reports Act 1988 and, the General Data Protection Regulation (GDPR) 2018 as outlined at the end of this form. * I do wish to see a copy of the medical report/records held by my GP or, treating Hospital Consultant prior to submission to Cognus Limited’s Occupational Health Team. I agree to reply and confirm acceptance of its content within **5 working days** from receipt of this report. * I do not wish to see a copy of the medical report/records held by my GP or, treating Hospital Consultant prior to submission to the Occupational Health Team. I hereby consent to the medical reports/records to be released directly to Cognus Limited’s Occupational Health Team. | | | | | | | | | | | | | | | | | | |
| GP, or treating Hospital Consultant’s full name: | | |  | | | | | Email: | | | |  | | | | | | |
| Phone: | | | |  | | | | | | |
| Full postal address: | | |  | | | | | | | | | | | | | | | |
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| **Please tick 1 box only.**   * I would like to see a copy of the Occupational Health report **before** it is released to Cognus Limited. I understand I cannot ask for the report to be amended unless it contains factual inaccuracies. * Please send me a copy of the Occupational Health report **after** it has been sent to Cognus Limited. * Please send me a copy of the Occupational Health report at the same time as it is sent to Cognus Limited. * I do not wish to see a copy of my Occupational Health report.   ***By signing, I give my informed consent and confirm that I have read and understood my statutory rights and, the information contained in this referral.*** | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | Date: | | | |  | | | | | | | |
| If you have asked to see a copy of your report before it is released to HR, the Occupational Health Team will email a copy to you. You will be required to respond within **5 working days from receipt of the report**. If you do not reply within this timeline, the report will be released to HR. | | | | | | | | | | | | | | | | | | |
| **SECTION 2 – REASON(S) FOR REFERRAL** | | | | | | | | | | | | | | | | | | |
| **The individual has been referred for the following reason(s):** | | | | | | | | | | | | | | | | | **X** | |
| Unexplained absence from work on a number of occasions in recent weeks/months | | | | | | | | | | | | | | | | |  | |
| Absence from work on a long-term basis due to a health condition (over 4 weeks) | | | | | | | | | | | | | | | | |  | |
| There has been a particular trend of absences which is detailed in Section 4 | | | | | | | | | | | | | | | | |  | |
| There may be a potential health condition (as detailed in Section 4) which is causing concern over the individual’s ability to perform their duties | | | | | | | | | | | | | | | | |  | |
| Prior to return to work, we require expert clinical opinion on this individual’s fitness/ability to return to their substantive role and, any temporary or permanent adjustments that we should consider to facilitate their return to work | | | | | | | | | | | | | | | | |  | |
| Accident or injury sustained at work as detailed in Section 4 | | | | | | | | | | | | | | | | |  | |
| **Other**: *(Please enter the reason below)* | | | | | | | | | | | | | | | | |  | |
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| **SECTION 3 – SICKNESS ABSENCE DETAILS** (In the 12 months’ rolling period)  *Please attach an absence printout noting dates, absence reasons and numbers of days lost, or note absence details below.* | | | | | | | | | | | | | | | | | | |
| **Dates** | | | | | **Days Lost** | **Absence Reason** | | | | | | | | | | | | |
| **From** | | **To** | | |
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| **Is this individual currently absent from work?** *\*delete as appropriate* | | | | | | Yes / No | | | | | | | | | | | | |
| **If Yes – current absence start date:** | | | | | |  | | | **Fit note and/or, medical certificate expires:** | | | | | | |  | | |
| **Reason noted on medical certificate and/or, fit note:** | | | | | |  | | | | | | | | | | | | |
| **SECTION 4 – REFERRAL INFORMATION**  *Please provide as much relevant detail as possible on individual’s situation.* | | | | | | | | | | | | | | | | | | |
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| **Specific questions for Occupational Health** | | | | | | | | | | | | | | | | | | **X** |
| 1 | Is this individual fit for work? | | | | | | | | | | | | | | | | |  |
| 2 | What is the anticipated recovery time? | | | | | | | | | | | | | | | | |  |
| 3 | Is this individual fit to participate in formal management meetings? | | | | | | | | | | | | | | | | |  |
| 4 | What we can do to assist an early return to work? | | | | | | | | | | | | | | | | |  |
| 5 | Would you recommend a phased return to work? If so, please advise pattern and duration. | | | | | | | | | | | | | | | | |  |
| 6 | 1. What modifications/reasonable adjustments should we consider to facilitate return to work? 2. Please confirm if these modifications/adjustments are likely to be temporary or, permanent. | | | | | | | | | | | | | | | | |  |
| 7 | Is there an underlying medical reason for persistent short-term absence? | | | | | | | | | | | | | | | | |  |
| 8 | Is this health condition is likely to improve? What is the timeframe for recovery? | | | | | | | | | | | | | | | | |  |
| 9 | 1. Please confirm if this health condition is attributed to or made worse by a work activity. 2. What management steps we could consider to reduce the risk of further health problems in the workplace? | | | | | | | | | | | | | | | | |  |
| 10 | 1. How likely, following recovery, do you consider that this individual will be able to undertake their full duties as outlined in the attached job description? 2. If unlikely, please confirm if this individual can be considered for redeployment?   the attached job description and person specification? | | | | | | | | | | | | | | | | |  |
| 14 | In your opinion, is reduced work performance due to an underlying health condition? | | | | | | | | | | | | | | | | |  |
| 15 | In your opinion, is this health condition likely to meet the criteria of ‘disability’ as defined by the Equality Act 2010? | | | | | | | | | | | | | | | | |  |
| 16 | In your opinion, could this individual be considered for ill health retirement? | | | | | | | | | | | | | | | | |  |
| **SECTION 5 – REFERRING MANAGER’S DETAILS**  *This section must be completed in full before the referral is sent to HR for processing.* | | | | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | | | |
| **Job Title:** | | | |  | | | | | | | | | | | | | | |
| **Division/Directorate:** | | | |  | | | | | | | | | | | | | | |
| **Phone:** | | | |  | | | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | |
| **Referring Manager’s Declaration:** | | | | | | | | | | | | | | | | | | |
| I have discussed this referral and reasons in full with the named individual and provided them a copy of the referral. I understand that Occupational Health will share the content of this referral with the individual. | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | |  | | | | | | | | | Date: |  | | | | |
| **HR Authorisation** | | | | | | | | | | | | | | | | | | |
| **HR contact Name:** | | | |  | | | | | | | | | | | | | | |
| **Post title:** | | | |  | | | | | | | | | | | | | | |
| **Phone:** | | | |  | | | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | |
| **Date:** | | | |  | | | | | | | | | | | | | | |

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| ***ATTACHMENTS*** – *Mark ‘X’ as appropriate (not all required)* | | | |
| **Job Description** |  | **Notification of Work Related Stress** |  |
| **Sickness Absence Printout**  \*Not required if Section 3 is completed |  | **Relevant Risk Assessment(s)** |  |
| **Copies of medical certificate / fit notes:** |  | **GP / Treating hospital report:** |  |

**Occupational Health Assessment — Your Legal Rights**

1. Informed consent must be obtained prior to any medical examination, face-to-face consultation or, telephone interview taking place in line with General Medical Council (GMC) guidelines. [www.gmc-uk.org](http://www.gmc-uk.org)
2. You should have been fully counselled by your line manager regarding the purpose of this referral and subsequent medical examination, face-to-face consultation or, telephone interview, the reason(s) for and the validity of any clinical investigations which are undertaken and the possible outcomes.
3. By signing the consent in Section 1 of this document you have given your consent for the examining/consulting medical professional, doctor or nurse to release your medical information to the Company’s Occupational Health Team for such information to be assessed and for a report to be forwarded to HR with due consideration for Data Protection Regulations.
4. By signing the consent in Section 1 of this document, you give consent for the Company’s Occupational Health Team to release your medical information from your health assessment to your GP and/or, other medical specialists if deemed necessary.

* **ACCESS TO MEDICAL REPORTS ACT 1988 (A summary of your rights)**

1. You can withhold your consent to the GP/Specialist report being provided.
2. You have **21 days** in which to ask your doctor(s) to show you the report before he/she sends it to the Company’s Occupational Health Team.
3. You can ask your doctor(s) either to amend any part of the report which you consider to be misleading or, if the doctor does not agree to change it, you may add your own comment to the report. You may also withdraw your consent at this time.
4. Although rarely done, your doctor(s) may withhold part or all of the report from you if such action is felt to be in your best interests. Your doctor should inform you in writing to confirm access is being denied but access may still be allowed to any part of the report not covered by such exemptions.
5. If you decide you do not wish to see your doctor’s report, you still have **six months** in which to change your mind and to contact your doctor(s) for a copy of the report. If you have indicated in Section 1 of this document you do not wish to see the report then your doctor(s) can send it to the Company’s Occupational Health Team straightaway.

* **GENERAL DATA PROTECTION REGULATION (A summary of your rights)**

1. Your explicit written consent is required to obtain and process any sensitive data about you, including medical information.
2. You have the right of access to information held about you and can be obtained by submitting a written request to the Company’s Occupational Health Team.
3. If you believe, the information is inaccurate or misleading you can request an amendment to the information.
4. If a report reveals information about a person other than yourself, that part of the report may be kept from you to preserve the other person’s sensitive data.
5. All enquiries should be made in the first instance to the Human Resources Department.