Occupational Health Referral Form

**This form is to be completed by the referring manager and all sections on this form are mandatory. There is guidance on the Occupational Health referral process on the intranet (**[**https://intranet.birmingham.ac.uk/hr/Managers/Employee-Relations/Quick-Guides/index.aspx**](https://intranet.birmingham.ac.uk/hr/Managers/Employee-Relations/Quick-Guides/index.aspx)**).**

**Once you have completed the form please open a HR portal case and attach the form.**

**If you require assistance in completing the form please contact your HR Adviser.**

**EMPLOYEE DETAILS**

|  |  |  |
| --- | --- | --- |
| Title |  | |
| Surname |  | |
| First name |  | |
| Date of birth |  | |
| Payroll number |  | |
| Home address |  | |
| Mobile telephone number (this will be used to send out appointment reminders) |  | |
| Preferred e-mail address for OH contact |  | |
| Department |  | |
| Job title |  | |
| Start date at the University |  | |
| Start date in current post |  | |
| Working pattern |  | Hours worked |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |
| Shift worker |  |

**REFERRING MANAGER DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Telephone number |  |

**HR CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| HR Portal case number |  |
| Telephone number |  |

**REASON FOR THE REFERRAL - please put a cross in the relevant box(s)**

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| --- | --- |
| Long-term sickness absence |  |
| Recurring shorter episodes of sickness absence |  |
| Concerns with work performance |  |
| Assessment for fitness for role |  |
| Accident at work |  |
| Work-related issues |  |
| Other (please specify) |  |

**HEALTH CONDITION(S) – please provide details of the health condition(s) the employee has. If this is unknown please detail why.**

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**JOB REQUIREMENTS - please put a cross in the relevant box(s)**

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| --- | --- | --- | --- |
| Display screen equipment (DSE) |  | Regular driving as part of their role |  |
| Lone worker |  | Working in a noisy environment |  |
| Night worker |  | Working with vibrating tools |  |
| Shift worker |  | Work at heights e.g. ladders, roof |  |
| Food handling |  | Exposure to hazardous substances |  |
| Safety critical work (e.g. security) |  | Overseas travel |  |
| Clinical duties |  | Leadership role |  |
| Customer facing role |  | Teaching role |  |

**FURTHER INFORMATION**

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| **Information about the health problem and how this may be affecting the member of staff’s role, work or attendance** |
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| **What actions have you already taken in relation to the employee’s health, wellbeing and attendance?** |
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| --- | --- | --- | --- |
| **Have any adjustments already been made / support provided? - please put a cross in the relevant box(s)** | | | |
| Flexible working arrangements |  | DSE assessment and advice from DSE assessor |  |
| Reduced responsibilities/reduced manual handling |  | Return to work interview |  |
| Provision of specialist equipment |  | Phased return to work |  |
| Reduction in working hours |  |  |  |
| Other (please detail) |  | | |

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| **Is there any other information you feel is relevant to this referral i.e. capability, disciplinary, redundancy, restructure etc?** |
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**ADVICE SOUGHT FROM REFERRAL - please put a cross in the relevant box(s)**

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| --- | --- |
| What is the nature of the health condition including symptoms and side effects? |  |
| Is there any treatment or intervention in place and whether any consideration needs to be given in light of this (i.e. time off to attend appointments, restricted duties due to medications etc.)? |  |
| Is there an underlying medical condition affecting performance, conduct or attendance at work? |  |
| Is the employee currently fit to carry out the full duties of their role? If no, are they fit to carry out part of their role? |  |
| In your opinion, is there a further requirement for medical support / intervention and from whom? |  |
| Are there any recommended temporary or permanent adjustments, in addition to those highlighted above, to consider to support employee in the role /enable the employee to do the role? |  |
| Is the health problem likely to recur / affect future attendance / performance? |  |
| What is the likely timescale for recovery / anticipated return to work date? |  |
| Can you advise on a suitable phased return to work plan (if appropriate at that moment in time)? |  |
| Is the employee fit to participate in a formal process (disciplinary/grievance/capability)? |  |
| Whether any adjustments need to be considered to enable participation in the process and, if so, what? |  |
| In your opinion, would the condition fall within the Equality Act 2010? |  |
| Please describe the physical and/or mental impairments experienced as a result of the condition. |  |
| What substantial and long term effects do the described impairment/s have upon the employee’s ability to undertake day to day activities? |  |

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| **If you have any other questions please detail them below:** |
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**REFERRAL SUBMISSION**

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| As the referring manager I can confirm that in submitting this form:   * I have discussed the reasons for this referral with the employee * I am aware that the employee has the right to see a copy of this referral | |
| Date completed by the referring manager |  |
| Date checked by HR |  |
| Date HR sent letter/e-mail to staff member re contacting TUs (academic and related staff only) |  |