

OH Referral for COvid-19 assessment

# This form is to be completed by a Line Manager/Supervisor and will be used to assess the potential impact of Covid-19 infection to the member of staff and provide a Statement of fitness for work and (where appropriate) suggestions to further minimise any residual workplace risk factors. Please ensure all sections of this form are completed. If you require assistance in completing this form please contact your HR Adviser.

**EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First name |  |
| Date of birth |  |
| Ethnicity |  |
| Payroll number |  |
| Home address |  |
| Mobile telephone number |  |
| Preferred email for OH contact |  |
| College or Budget Centre |  |
| Department |  |
| Job title |  |
| Start date at University |  |
| Start date in current post |  |

**REFERRING MANAGER DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Mobile telephone number |  |
| Email address |  |

**EMPLOYEE JOB ROLE**

|  |  |  |
| --- | --- | --- |
| Working pattern |  | Hours to be worked on campus |
| Monday |  |
| Tuesday  |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |
| Shift worker |  |

**PERSONAL RISK FACTORS**

|  |
| --- |
| Underlying Health Problems (where disclosed) |
| Previous Shielding/Self-isolation? | Yes | No |
| Shielding letter from Government/GP? | Yes | No |
| Previous advice from Occupational Health? | Yes | No |
| If yes, please provide details and include any relevant documents: |

**WORKPLACE EXPOSURE RISK FACTORS**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**ACTIONS THAT HAVE BEEN TAKEN TO MINIMISE RISK**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**WHAT ARE THE PERCEIVED RESIDUAL RISKS AND RISK SIGNIFICANCE?**

|  |
| --- |
|  |

**WHAT FURTHER ACTIONS ARE PLANNED?**

|  |
| --- |
|  |

**QUESTIONS FOR OCCUPATIONAL HEALTH**

|  |
| --- |
| 1. Based on your health assessment, which Level of risk category\* would you advise they should be considered as? |
| 2. Whether they are fit to return to work on campus? |
| 3. What additional actions can you suggest to further minimise their risk to returning to campus? |

\* reference University’s Table for Return to Work

**DECLARATION BY MANAGER**

I confirm that I have discussed this referral with the employee and they agree to the information being forwarded to Occupational Health

|  |  |  |
| --- | --- | --- |
| Line Manager’s name (Signature): | Line Manager’s name (Print): | Date: |

Once completed, please return the form to Occupationalhealth@contacts.bham.ac.uk