

OH Referral for COvid-19 assessment

# To be completed by a Line Manager or Supervisor for someone who is Clinically Extremely Vulnerable and returning to campus.

# The purpose of the referral is to assess the potential impact of Covid-19 infection to the member of staff and provide a Statement of fitness for work and 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 |  |
| 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) |
| 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, what is their level of vulnerability (ie the impact on them of contracting Covid-19)? |
| 2. Whether, in light of the above, 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? |

**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