

## Management Referral Form Guidance 1 / 4

The role of an occupational health assessment is to provide an impartial clinical opinion on an employee's fitness to work and whether any management led adjustments are required due to underlying health issues.

Prior to referring an employee a transparent conversation must be had with the employee surrounding the reason for referral and the employee must consent to undergoing an occupational health assessment.

Please ensure verbal consent from your employee prior to the assessment has been obtained and that they are fully aware of the referral contents.

### **Guidance - Reason for Referral:**

Please provide appropriate background information. This should include:

- The reason for why an occupational health assessment is being requested.
- Any management concerns such as reduced work performance, wellbeing concern ext.
- A job description of the employee being referred, if possible.

This should not include:

- Any subjective or biased views of the individual

### **Guidance - After completing the referral:**

The referring manager should provide the employee with the opportunity to review the referral form once it is completed and a hard copy should be provided to the employee to keep.

If the employee is absent from work, a copy of the completed form should be emailed to them for reference. Please note, the details of the referral will be discussed with the employee during the occupational health review.

### **Guidance - What to expect next:**

Once Sugarman have received the referral, if this has not been processed via our portal, you will receive a confirmation email. We will then contact the employee directly to organise an appointment.

### **Guidance - Following the consultation:**

The employee will be provided with the following consent option.

- 1: Prior sight of the report before it is released to the business (The employee will have 2 days to review the report and query any factual inaccuracies)
- 2: Same time release (The report will be issued to the business and the employee at the same time following the consultation)

**Section A: Referral Information**

1. Job title:
2. Employees personal email address:
3. Please confirm that you have gained verbal consent from the employee for an Occupational Health Assessment?
- Yes  No
4. Are they absent from work?
- No
- Yes – How long have they been absent for?
- 
5. Is this a follow up review? Yes  No
6. Is an interpreter required? This should be an unbiased representative and ideally not a work colleague or family member. (This is a chargeable service)
- Yes  No
7. Best time for Occupational Health to make contact with the employee:

**Details of HR personnel who will be in receipt of the completed report:**

8. Name of HR personnel:
9. Contact number:
10. Work email:
11. Purchase Order No:
- Yes  No

**Section B: Referral Details 2 / 4**

12. Why is the employee being referred for an assessment at this time?
- Frequent Absences
  - Returning to work after illness, injury or surgery
  - Concerns surrounding health and ability to complete the job role
  - Advice on fitness to work following a workplace accident
  - Consideration for ill health early retirement
  - A capability assessment
  - Other

13. Please give a description to why the referral is being made?

14. Start date with the employer?

15. Contracted hours of work?

16. Please Provide a brief description of the employees' job role below:

17. Please tick the relevant elements of the employees' job role:

Physical Demands:

- Prolonged Standing
- Driving for work
- Manual Handling
- Working with DSE equipment
- Operating machinery
- Safety critical tasks

Environmental:

- Noise >85db
- Biological hazards
- Chemical Exposures
- Confined Spaces
- Working at height
- Field Work
- Hot Works

Main work location:

- Office
- Car/Truck/HGV
- Off site
- Outdoors
- Abroad
- School

Other Demands:

- Stressful environment
- Lone working
- Working with vulnerable adults/children
- Abroad Travel
- Student completing academic work
- Student completing physical work
- Working with animals

18. Additional hazards not listed above:

## Section D: Additional questions for the clinician 4 / 4

**Please review the following generic OH questions and tick the appropriate to the referred employee.**

Consider any additional questions not listed and populate these in the other section, we would recommend that up to 2 'other' questions would be the maximum to ensure that these can be covered as part of the assessment.

Reports will include an overview of the background issue(s) and current situation that have led to the OH referral. A full Occupational Health Assessment will be carried out, advising on adjustments and alterations, if need be, in relation to supporting fitness at work for the employee.

Please tick as appropriate

- 1. Is the employee fit for work?
- 2. If not fit, which is preventing the employee from returning to work e.g. are there any exacerbating factors (work/non-work related?)
- 3. Are there any adaptations or restrictions to the employees' job role that OH are recommending for consideration by management?
- 4. Is the person covered by the Equality Act (2010) legislation in relation to Disability? If yes are there any adjustments relating to this that need to be considered by management?
- 5. Is the employee medically fit to attend management meeting/disciplinary procedures?
- 6. Other

Please confirm that you have gained verbal consent from the employee for an occupational health assessment?

Yes

Please attach any additional documents as required. Thanks