

PRIVATE & CONFIDENTIAL

Occupational Health Referral Request Form

Please complete fully in BLOCK CAPITALS OR UPPER CASE TYPE. Incomplete referrals will be returned to sender for completion, resulting in a delay in an appointment being sent

Employee Personal Details:		
Title:	Surname:	First names:
Previous surnames, including maiden name <i>(if relevant)</i> :		
Home Address, including postcode:		
Date of Birth:	Gender:	
Mobile No':	Home Telephone No:	
Job Title:	Full Time / Part Time:	
Organisation:	Department:	
Work Telephone No:	Date commenced this employment:	

Referral made by:	
Name:	Position:
Organisation & Department:	Work address:
Contact telephone No' (work):	Email address (work):
Name and contact details of HR Manager:	
<i>Referring Manager – please ensure you inform your HR Manager of this referral</i>	
Signature of Referrer:	Date:

Reason for Referral Request - to be completed by the referring Manager		
<i>Please tick indicate in the relevant box below, then give as much information as possible on second page attaching additional sheet(s) if necessary</i>		
(i)	Long term sickness absence - opinion regarding likelihood of recovery or return, adjustments or recommendations. Please provide date that absence commenced in section on next page.	
(ii)	Persistent short term sickness absence - opinion regarding future attendance at work. Please provide details of sickness absence record in section overleaf	
(iii)	No sick leave – opinion about a health concern regarding medical fitness to continue at work. Please provide further information in section overleaf	
(iv)	Return to work after surgery, illness or accident - opinion regarding fitness for work. Please provide date that absence commenced in section overleaf	
(v)	Ill health retirement - opinion as to whether medical criteria met	

**It is essential that the Declaration below is signed by the Employee
before this form is sent to Occupational Health**

Additional details: please provide relevant background to the referral and state what questions you want Occupational Health to answer - for example

- Sickness Absence Record details over the previous 12 months or longer, if relevant, including reasons given for absence, and the first day of sickness or, attach a copy of the sick absence record, if it contains reasons for the absences.
- Details of any modifications to the workplace already discussed with the employee – if so, please give details
- List any reasonable adjustments in relation to the Equality Act that you have already identified which you could accommodate for this employee
- Job Specification - give a brief outline of the main activities or requirements of the post, particularly any that you feel are relevant to the referral or attach a copy of the Job Description

To be completed by the Employee

I confirm that I have read this referral form and the reason/reasons for which I have been referred to Occupational Health has been explained to me. I agree to attend the Occupational Health Service

Name (CAPITALS):

Date:

Signed:

For further guidance please contact Occupational Health on any of the telephone numbers below:

Southmead 0117 32 35499

Weston 01934 647116

**Whitefriars
Centre** 0117 34 23400

For OHS use ONLY:

Date referral received:

To be seen by:

Length of appointment:

First Appointment Date Offered:

Actual Appointment Date Booked: