



Management Referral Form

The main purpose of the occupational health assessment report is to provide information about an employee's ability to perform their role – this may be in relation to sickness absence and / or performance or because an employee has a health condition that may be affecting their ability to do their job or that some work activities appear to have a detrimental affect on the employee's health.

Please refer to the 'Referral Information and Guidance' (<http://www.oh.admin.cam.ac.uk/services/referral-process>) and Occupational Health Referral - Employee Information OHL02 for advice (<http://www.oh.admin.cam.ac.uk/leaflets/occupational-health-referral-employee-information>).

Data Protection information

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individuals occupational health record. For full details of how an individual's personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

Once completed please send the form to Occupational Health, 16 Mill Lane, Cambridge CB2 1SB or as an attachment to an email at occhealth@admin.cam.ac.uk on the understanding that the following guidance is followed:

1. The email subject line **must not** contain any confidential information about the employee. Please state **Occupational Health referral** in the email subject box.
2. The confidential email must only be shared with the employee and named departmental / HR professional; **not forwarded on to any other person** without the consent of the employee.
3. A copy of the form must be filed in the employee's personal file.

1. Referrer details

Name of person making the referral:

Position:

Department:

Department address:

Contact telephone number:

Email address:

I am referring the following person for an occupational health assessment having fully explained and discussed the process with them by telephone / meeting / letter (*please indicate which*).

Signature: Date:

2. Employee details

Name: Title:

Date of Birth: Email:

Home Address:

Home telephone number: Work telephone number:

Mobile number:

Date of starting employment with the University of Cambridge:

Date of appointment to present post (if different):

3. Job details

Job Title:

Position type: Academic / Academic related / Assistant / Student (if applicable) Grade:

Hours of work: Line management responsibilities..... Yes No

Work pattern: Full-time Part-time Job share Other (*Please specify*)

Overtime: None Occasional Regular

Place of work (if different to address of person making the referral):

.....
.....

Name of Line Manager (if different to person making the referral):

4. Job demands/exposures

Please tick relevant boxes

- | | | |
|--|--|--|
| <input type="checkbox"/> Deskwork | <input type="checkbox"/> Biological agents | <input type="checkbox"/> Work at heights |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Respiratory sensitisers | <input type="checkbox"/> Operating machinery |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Lifting and carrying |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Noise | <input type="checkbox"/> Work pressure <i>e.g. tight deadlines, workload</i> |
| <input type="checkbox"/> Night working | <input type="checkbox"/> Work in confined space | <input type="checkbox"/> Clinical work |
| <input type="checkbox"/> Lone working | <input type="checkbox"/> Vibration | <input type="checkbox"/> Other <i>e.g. teaching, management of staff</i> |

5. Reason for referral

Please provide reasons for the referral and include relevant supporting information *e.g., copy of GP fit note if recommendations have been indicated, health/attendance/performance issues and any other issues that could be affecting these. Please include management support taken to date, continuing on a separate sheet if necessary - DSE or stress risk assessments, return to work or other meetings, reduced hours etc.*

Where relevant please enclose details of sickness absence for the last twelve months e.g., number of days per occasion, reasons for absence.

6. Referral questions - please indicate which questions you would like guidance on from Occupational Health (OH) – *please consider carefully and tick only the relevant questions.*

- 6.1 Is there an underlying health condition that may affect attendance or performance?
- 6.2 Is there any evidence that the work environment is contributing to the sickness absence/ill health problem?
- 6.3 When is she / he likely to return to work?
- 6.4 Is there any additional help / treatment that you could recommend?
- 6.5 If and when the person returns to work, will they be able to carry out the duties detailed in section 4 and on their job description?
- 6.6 In your opinion, does the disability criteria of the Equality Act apply in this instance?
- 6.7 In your opinion should the employee be able to provide reliable and consistent future attendance?
- 6.8 Are there any modifications / restrictions to the work, equipment or workplace, which may enable the individual to do their job?
If yes a) please specify what modifications should be made.
 b) for how long these modifications should continue.
- 6.9 Is there a need to seek alternative employment? If yes are there any specific recommendations e.g., no lifting, working at heights, climbing etc.
- 6.10 If unfit to return in the foreseeable future, would you recommend retirement on health grounds, if the employee is eligible under the pension scheme?

Any additional questions: -

7. Referrer’s checklist

- I have explained the reason, nature and likely consequences of the referral to the member of staff
- If the referral is made by HR, please indicate whether the individual has agreed for their line manager / supervisor to have access to the report
- I enclose: the individual’s job description / PD33
- the sickness absence record for the last year
- any other relevant documentation *e.g., return to work meetings, stress risk assessments, DSE risk assessment.*

8. Referral Response

Following discussion with the individual, a copy of the report should be sent to:

Department / Institute personnel (please indicate who):

HR Schools team (please indicate who):.....

Address HR copy of the report should be sent to:

.....

9. Appointment arrangements

Please indicate where the Occupational Health appointment details should be sent:

- (i) to the member of staff
 - (a) at home
 - (b) at work
 - (c) via email
- (ii) to the member of staff via the referrer

10. Employee information

Your supervisor and / or named HR contact wishes to obtain advice from the University Occupational Health Service for the reasons detailed in sections 5 and 6. You do not have to agree to this assessment but should you decline the offer the matter will be managed with the information available and without the benefit of medical advice.

Following the assessment and with your informed consent, a report will be sent to your supervisor and / or named HR contact. The content of the report will be explained to you during the occupational health consultation and you will be offered the opportunity to see the report before it is sent to the recipient. Medical details will only be included in the report if it will benefit you and if you have specifically agreed to this; otherwise the report will be focused on the impact of the health problem at work and specific recommendations.

Sometimes your supervisor and / or named HR contact may ask us for clarification following receipt of a report. We may be able to clarify the report and advice given verbally but we will not answer new or additional questions without first consulting you. A record of this discussion will be documented in your OH record.

Employee consent

The reason and nature for the occupational health referral has been explained to me by my supervisor and / or named HR contact and I agree to undergo an occupational health assessment. I understand that following the assessment a report will be written to the person referring me and that I will be given the opportunity to see an advance copy. I understand that should I wish to see the report there is a five day timescale between providing it to me and sending it to the recipient and that should my consent to release a report be withdrawn any subsequent decisions will be based on the information available and without the benefit of medical input.

Prior to the report being issued, I understand further consent will be obtained by the OH practitioner and that my consent may be withdrawn at any stage of the process.

Signature of employee: **Date:**

Office use only:

OHP appointment SOHA appointment OHA appointment

Tel consultation OHA OHP

Practitioner:.....

OHA signature:

Print name: Date

Date of first OH appointment offered: