

Management Referral Form

The purpose of the management referral process is for the University Occupational Health (OH) Service to provide advice to managers to inform their management decision making in the following situations:

- In relation to sickness absence.
- When an employee has a health condition that is affecting/could affect their ability to do their job.
- Where work activities are having a detrimental effect on the employee's health.

The OH Service provides advice in a post consultation report to the employee and their referrer. The advice is not prescriptive and is intended as a starting point for discussion with the employee about how advice can be implemented taking into consideration the employee's situation, the requirements of their role, and operational requirements.

Before proceeding, managers must read the updated guidance to ensure that appropriate management actions have been taken before proceeding with a management referral to OH. [Referral Information and Guidance | Occupational Health](#)

Data Protection information

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

Referrer checklist

1. Complete this form with the employee, explain the reason for the referral and obtain consent to be referred.
2. Obtain the following documentation in PDF format:
 - The employee's job description
 - The sickness absence record for the last 12 months, where applicable
 - Relevant risk assessments, e.g. DSE, stress
 - Relevant work-related incident/injury reports
 - Record of relevant reasonable adjustments made, where applicable
 - The most recent return to work meeting notes, where applicable
 - Statement of fitness for work certificate, where applicable
3. Email the management referral to Occupational Health: ohreferrals@admin.cam.ac.uk.
Ensure:
 - The header does not contain any confidential information, e.g. employee name or date of birth
 - The completed management referral form and all relevant documentation is attached
 - The recipient list contains only those individuals for whom the employee has given their written consent as detailed and agreed in question 8. It must not be shared with any other person without the employee's written consent.
4. File a copy of the form and relevant documents in the employee's personnel file.

1. Referrer details

Title	Prof / Dr / Mr / Mrs / Ms / Miss / Other: <i>(delete as appropriate, if other please add)</i>
Name	
Position/Job Title	
Relationship to employee	Line Manager / Supervisor / HR / Other: <i>(if other please explain)</i>
Department	
Department address	
Contact telephone number	
Email	
Has the employee consented to you receiving their OH report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I am referring the following person after fully explaining to them the reasons for the referral, and the details provided on this form.</p> <p>Referrer's Signature:</p> <p>Date:</p>	

2. Employee details

Title	Prof / Dr / Mr / Mrs / Ms / Miss / Other: <i>(delete as appropriate, if other please add)</i>
Name	
Date of Birth	
Email (work and personal)	Add preferred email contact first
Home address	
Contact telephone numbers (work and personal)	Add preferred telephone contact first
Date commenced employment with University of Cambridge	
Date started current role	

3. Employee job details

Job Title	
Position type and Grade	Academic / Research / Academic related / Assistant / Postgraduate Student <i>(delete as appropriate)</i>
Full Time or Part Time	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If Part Time give hours of work:
Work pattern	<input type="checkbox"/> Onsite <input type="checkbox"/> Work from home <input type="checkbox"/> Hybrid <input type="checkbox"/> Remote <input type="checkbox"/> Hot-desking <i>Please tick all relevant boxes</i>
Does the role involve line management of staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many staff are line managed:
Department and Department Address	
Principal place of work if hybrid working	Department / Home / Other:
Line Manager (if different from referrer)	<i>Name:</i> <i>Job title:</i> <i>Email:</i>

4. Job demands/exposures - please tick all relevant boxes

- | | | |
|---|--|---|
| <input type="checkbox"/> Desk/bench based | <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 e.g. tight deadlines, workload |
| <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 e.g. teaching, management of staff |

5. Reason for referral – please ensure you have read the guidance (hyperlink) before completing this section

Please provide information about:

Current health issues	
Impact of the current health issues on the employee’s ability to do their work duties	

Management support provided to date, e.g. DSE, stress risk assessment, reasonable adjustments, continuing on a separate sheet if necessary	
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6. Referral questions

Please indicate which questions you would like advice on from OH - only tick the relevant questions:

- a. Is there an ill-health problem that may affect attendance or performance?
- b. Is there any evidence that the work environment is contributing to the sickness absence/ill health problem?
- c. Is there any additional help/treatment that you could recommend?
- d. Are there any modifications / restrictions to the work, equipment or workplace, which may enable the individual to do their job? If yes, specify what modifications should be made and for how long these modifications should continue.
- e. Is there a need to seek alternative employment? If yes are there any specific recommendations, e.g., no lifting, working at heights, climbing etc.
- f. When is the individual likely to return to work?
- g. If the individual returns to work, will they be able to carry out the demands of the job given in Section 4 and on their job description?
- h. If unfit to return in the foreseeable future, would you recommend retirement on health grounds, if the individual is eligible under the pension scheme?
- i. In your opinion, will the disability criteria of the Equality Act apply in this instance?

With reference to 6d, if you have ticked this box then please specify any core elements of the employee's job role which could not be reasonably adjusted:

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Please list any additional questions you would like OH advice on:

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7. Referral response

The employee has consented for a copy of the report to be sent to:

Department/Institute:

Name	
Email	

Department/School HR Contact:

Name	
Email	

8. Employee information

Your Referrer wishes to obtain advice from the University Occupational Health Service for the reasons detailed in sections 5 and 6.

Following OH assessment, and with your informed consent, a report will be sent to your Referrer (and other agreed recipients). The content of the report will be explained to you during the occupational health assessment. 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 for addressing this. You will be offered the opportunity to see the report before it is sent to your Referrer and agreed recipients; at this point you may request amendments or withdraw your consent for it to be shared.

If your Referrer asks for clarification following receipt of the report, your OH Adviser/Practitioner can clarify the contents of the report, and any advice provided verbally during the OH assessment, but will not answer any new questions without first consulting you. A record of any such communications and discussions will be documented and filed in your OH record.

9. Employee consent

The reason and nature for the occupational health referral has been explained to me by my Referrer and I agree to undergo an occupational health assessment.

I understand that following the assessment, a written report will be provided, and I will be given the opportunity to see a copy before it is sent to my Referrer and where applicable a HR Contact.

I understand that should I wish to see the report, I will have 5 working days from receiving it to give my consent for OH to send it to my Referrer and where applicable a HR Contact.

I understand that at any stage of the process I can withdraw consent. If I decide to withdraw my consent, any subsequent actions and decisions made by my department will be made without the benefit of medical advice and recommendations from OH.

Signature of employee: **Date:**

Office use only:

OHP appointment SOHA appointment OHA appointment

OHA signature:

Print name:..... Date.....

Date of first OH appointment offered:

Appointment accepted Appointment declined