The University of Edinburgh

Occupational Health Service

# MANAGEMENT REFERRAL FORM - Request for Occupational Health Advice

# Strictly private and confidential

**GUIDANCE NOTES for completion of this form**

You *must* ensure your employee is fully aware of the reasons for the referral, otherwise the Occupational Health Service (OHS) will not be able to proceed, and offer an appointment.

You must complete all sections of the form. Forms not fully completed will be returned to the referring manager, and may delay the process.

This document forms part of the clinical notes, and is treated in medical confidence.

The content of this document will be discussed with the employee concerned during any consultation process. OHS advise your employee *should* be given an opportunity to read and have copy of the form. They *must* indicate their consent to referral to OHS before a referral is made.

Employees have the right to refuse to attend Occupational Health. However, the employee should understand that refusal to attend an OHS appointment may mean that further management action is taken *without* the benefit of medical advice.

Additional guidance on the management referral process: <https://www.ed.ac.uk/health-safety/occupational-health/managers/referral/management-referral>

**GUIDANCE NOTES for release of Occupational Health report**

Employee consent is required *prior* to the release of an occupational health report and/ or feedback being given to the referring manager or HR Partner.

When an employee wishes to have sight of the report prior to it being released, they have 48 hours to read/ respond if received by email, or 5 working days if by post.

If OHS do not receive confirmation from the employee of continued consent, it is assumed that consent has been withdrawn, and the referring manager will be informed that we cannot progress the referral.

Due to legislative requirement of medical confidentiality the Occupational Health Advisor/ Physician may be restricted in the information provided; where this has significantly restricted any feedback, this may be indicated in the report.

|  |
| --- |
| **Work-related stress**  Please refer to the manager responsibilities on the following University web page: <https://www.ed.ac.uk/health-safety/occupational-health/managers/general-health/stress>  **DSE assessments** Please note that DSE (desk screen equipment) advice is found through the Health & Safety web pages and not occupational health: <https://www.ed.ac.uk/health-safety/guidance/workplaces-general/personal-computing> **Disability assessments** Referral for advice regarding Neurodiverse conditions such as Asperger’s, ADHD, and Autism is found through the University ‘Equality, Diversity & Inclusion webpages at: [Support for neurodiversity | The University of Edinburgh](https://www.ed.ac.uk/equality-diversity/disabled-staff-support/neurodiversity-support) **Ill Health Retirement (IHR)**  Please refer to the following information on IHR submission: <https://www.ed.ac.uk/health-safety/occupational-health/managers/referral/ill-health-retiral>  **Suspected Occupational Ill health report** If this is a notification of suspected occupational ill health you do not need to complete a referral form. Instead please refer to the following guidance: <http://www.ed.ac.uk/schools-departments/health-safety/occupational-health/ill-health-accident-reporting/overview> |

**The University of Edinburgh Occupational Health - Management Referral Form**

|  |  |
| --- | --- |
| **SECTION 1** | **EMPLOYEE DETAILS** |
| Full name: |  |
| Title:  Preferred pronouns (if known or applicable): |  |
| Date of birth: (mandatory) |  |
| Staff ID no: (mandatory) |  |
| Home address: |  |
| Postcode: |  |
| Contact tel. no for appointment (mandatory): |  |
|  |  |
| Job title:  School/Institute:  Location:  Work e-mail:  Work telephone no:  Date of appt. to present post: |  |
| **SECTION 2** | **REFERRER DETAILS** |
| Name:  Preferred pronouns (if applicable):  Position:  Contact telephone no:  Work address:  Email address:  Relationship to employee:  Signature:  Date of referral: |  |
| **Please indicate the Manager and HR Partner: both will receive a copy of the Occupational Health report (unless indicated otherwise, and subject to employee consent)** | |
| Manager/ Supervisor: |  |
| HR Partner: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3** | | **REASON FOR REFERRAL as discussed with the employee** | **✓** |
| 1. | Advice about frequent short term sickness absence. | |  |
| 2. | Advice about long and continuous period(s) of absence. | |  |
| 3. | Advice about return to work after long term illness, injury or surgery. | |  |
| 4. | Concern about health in relation to a staff member’s ability to carry out their role. | |  |
| 5. | Possible work-related health problem. | |  |
| 6. | The employer is aware there is an underlying health condition, and needs to understand the impact. | |  |
|  | Please indicate any other reason for referral (not listed above). | |  |

|  |  |
| --- | --- |
| **SECTION 4** | **EMPLOYMENT INFORMATION** N.B. Please specify if there is more than one contract of employment (include role and location) |
| **Work pattern:**  **(Details of shift)** |  |
| **Contracted hours of work:** |  |
| **Driving activity required as part of employment:** | **HGV/Car/Other/None** |

|  |
| --- |
| **Please include information about any significant aspects of the job which OHS should be aware of examples are given:** |
| Please tick relevant boxes for job demands/exposures  Deskwork  Biological agents  Work at heights  Computer work  Respiratory Sensitisers  Operating machinery  Standing  Chemicals  Lifting and carrying  Driving  Noise  Work pressure *e.g. tight deadlines, workload*  Night working  Work in confined space Clinical work  Lone working  Vibration  Other *e.g. teaching, management of staff, please give details:* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5** | | **ABSENCE HISTORY (12 months)** *Please complete, or preferably attach a sickness absence summary from oracle if available/ appropriate* | | | | | |
| Is employee currently absent? | | **Yes** |  | **No** |  | **First day of absence:** |
| Current fit note/ medical certificate? | | **Yes** |  | **No** |  | **Reason:** |
| **From:** | **To:** | **Reason:** | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 6** | | **PLEASE INDICATE THE ADVICE BEING REQUESTED BY REFERRING MANAGER FROM OHS**  **(Please tick as appropriate)** | **✓** |
| 1. | Whether at work or not, what is the employee’s current state of medical fitness for work? | |  |
| 2. | Is there an underlying medical condition affecting performance, or attendance at work?  If yes, is it:   1. Long lasting (likely to be more than 12 months)? 2. Causing impairment in the individual’s ability to carry out day-to-day activities? 3. Possible to outline the type of difficulties experienced; symptoms or effect of their condition on their function at work? | |  |
| 3. | Is there further requirement for medical support or intervention? | |  |
| 4. | Opinion on the likelihood of recovery or return, adjustments or recommendations. | |  |
| 5. | Is the health problem likely to recur or affect future attendance? | |  |
| 6. | Is there any likelihood that the work environment may be contributing to reduced performance or sickness absence? | |  |
| 7. | Advice on permanent workplace adjustments including redeployment, or on suitability for an Ill Health Retirement application submission. | |  |
| **Other questions for OHS:**  **Additional Information** (include: relevant history and duration of absence, reasons provided by the employee, details of any current adjustments and whether these are proving successful, information about adjustments that may or may not be operationally feasible e.g. flexible working or home-working) | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 7** | | **REFERRAL CONFIRMATION** | | |
| **I confirm I have discussed the content of this referral form with the member of staff, and provided them with a copy for their reference/ records.** | | | | |
| Manager’s  Signature: |  | | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRAL CHECKLIST** | **Please tick** | **YES** | **NO** |
| I enclose: | The person’s job description. If none available, please attach a summary of duties and responsibilities. |  |  |
| Accident report (if relevant) |  |  |
| Any other relevant documents |  |  |
| Referral initiated by: | Line manager |  |  |
| Human resource adviser |  |  |
| Other (please specify) |  |  |
| **A copy of this referral has been sent to the HR Partner** | |  |  |

Please send the completed referral form electronically to: [occupational.health@ed.ac.uk](mailto:occupational.health@ed.ac.uk)Or alternatively, send in a sealed envelope marked *strictly private and confidential* to: Occupational Health Service, University of Edinburgh. Drummond Street Annexe, Drummond Street EH8 9XP