**Occupational Health Assessment**

**Management Referral Form**

**(NHS ENGLAND, Shropshire/Staffordshire/Derbyshire)**

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 because an employee has a health condition that may be affecting their ability to do their job or because some work activities appear to have a detrimental effect on the employee’s health.

### Please complete **all** relevantsections clearly. If information is incomplete the referral may be retuned for clarification.

Scan and send the completed, signed form to [rwh-tr.occupationalhealthrwh@nhs.net](mailto:rwh-tr.occupationalhealthrwh@nhs.net)

or post to: OH&WB service, The Ashes, Building 8, New Cross Hospital, Wednesfield, Wolverhampton, WV10 0QP

### **1. Referring Manager**

|  |  |
| --- | --- |
| **Referring manager’s name** |  |
| **Position** |  |
| **Department** |  |
| **Contact telephone number** |  |
| **Email address** *(For report to be sent)* |  |

**2. Human Resources (HR)**

|  |  |
| --- | --- |
| **Name of HR Advisor providing support** |  |

**3. Employee details**

|  |  |
| --- | --- |
| **Title:** |  |
| **Name:** |  |
| **Date of birth** *(DD/MM/YYYY)* |  |
| **Home address:** |  |
| **Email:** |  |
| **Home / Mobile telephone number:** |  |
| **Work telephone number:** |  |
| **Job title & Department:** |  |
| **Location of work:** |  |

**4. Job demands/exposures** *(please highlight all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| Deskwork | Computer work | Work pressure *(e.g. tight deadlines, workload)* | Working in confined space |
| Work at heights | Standing | Lifting and carrying | Lone working |
| Biological agents | Chemicals | Respiratory sensitisers | Noise |
| Driving | Night working | Clinical work | Vibration |
| Operating machinery | Other e.g. (*teaching, management of staff – please describe)* |  |  |

**5. Reason for referral**

Please provide all relevant supporting information about the issues which have prompted the referral (continuing on a separate sheet if necessary)

DSE ASSESSMENT – Please note if you are referring this member of staff to request a workstation assessment the DSE checklist [here](http://intranet.xrwh.nhs.uk/pdf/policies/HS_01_Appendix7.pdf) **must** be complete and attached otherwise the referral will be returned as incomplete.

**6. Please specify sickness absence status below (tick the appropriate box)**

* **Long Term Sickness Absence** (>4 weeks) **[\_]**
* **Short Term Sickness Absence** (<4 weeks) **[\_]**
* **Other [\_]**

**7. Appointment arrangements**

The Occupational Health appointment details should be sent to the member of staff *(please highlight one):*

|  |  |  |
| --- | --- | --- |
| 1. At home | 1. At work | 1. Via the referrer |

**8. Manager’s declaration**

I am referring the above employee for an occupational health assessment.

The employee is aware of the referral and I have discussed the referral with them on (date) by telephone / meeting / letter *(please indicate which).*

**Signature: Date:**

**Please type your name if completing electronically.**