University Hospitals of Leicester NHS Trust Occupational Health Service



**REQUEST FOR OCCUPATIONAL HEALTH ASSESSMENT**

**Leicester, Leicestershire and Rutland General Practitioners and their Staff**

**This form MUST be completed in FULL or it may be rejected**

Full Name of Member of Staff: Date of Birth:

Practice Address:  

 

Practice Code:  CCG: Choose an item.

Home Address:  Job Title: 

 Work Site: 

 Home No: 

Mobile No:  Work No: 

Personal Email Address: 

Email Address if still at work: 

REASON(S) FOR REQUEST Please complete the form below (boxes will expand as you type). You must complete each box in order to make a referral. All referrals should be emailed to OH. Referrals which do not contain sufficient relevant information will be returned to you and support will be offered to assist you with re-drafting the referral.

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| 1. Reason for absence from work and/or ill-health condition (as a minimum include details of the previous 12 months’ absence, highlighting dates of absence you wish OH to consider and the reported reasons for absence. If currently absent, please say when the individual was last at work. Alternatively it is acceptable to attach a printout of the Health Monitoring Form).
 |
| Click here to enter text. |
| 1. Details of management action taken to date (informal or formal meetings - with the consent of the employee you may wish to attach copies of the notes of relevant ill health meetings / targets or warnings / adjustments to duties, working hours or pattern, special equipment provided (reasonable adjustments) / previous phased returns to work (including dates) / stress risk assessment).
 |
| Click here to enter text. |
| 1. Have you received any health and work advice from any other source e.g. a fit note or letter from a GP, Physiotherapist, Chiropractor or other health professional?
 |
| Click here to enter text. |
| 1. If applicable, have you received any previous occupational health advice, either by telephone or previous referral? If so, please outline this advice and any management action that has been taken to implement it. (If relevant, you should give information on adjustments you have considered but have not implemented and the reasons why).
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| Click here to enter text. |
| 1. Brief summary of job role, hours of work and any particular requirements related to work or work environment. (You may wish to include the job description as additional information but must still complete this section).
 |
| Click here to enter text. |
| 1. Reason for referral. Please give details of your current concerns about the employee’s health and work problems or issues.
 |
| Click here to enter text. |
| 1. What **specific** questions do you want OH to answer? You may want to consider the following:
* When can he/she return to work?
* Does he/she need help to do so?
* Is there an underlying condition which is responsible for repeated absences?
* Is this absence pattern likely to continue - can adaptations to work be made to assist him/her to attend regularly/sustain attendance?
* Is attendance likely to improve in the future?
* If the employee is on long term sick leave, what are the anticipated timescales of when he/she is likely to return to work?
* Is the Equality Act 2010 likely to apply?
* Would ill health retirement or redeployment be considered appropriate?

Please state your questions in the box below  |
| Click here to enter text. |
| Before submitting this referral, please consider if the questions you are asking will provide you with any new or additional information. If you are unsure if a referral is appropriate, contact the OH Duty Nurse or your HR Advisor. |

**ASSESSMENT REQUESTED BY:**

Name:  Post: 

Base:  Tel: 

Email: 

HR Advisor to whom a copy of the report should be sent (if applicable):

Name:  Email: 

The staff member named in this referral has indicated their permission to be contacted using the details supplied at the top of this form, including personal mobile and email address. I confirm that I have discussed the reason(s) for this formal referral with the member of staff named. I confirm that I have given them a copy of the final referral.

Signed:  Date: 

**Completed form should be emailed to**

**oh.gh@uhl-tr.nhs.uk** **for GH**