



## MANAGEMENT REFERRAL FORM

### GUIDELINES FOR COMPLETION

- The reason for requesting an assessment **MUST** be discussed with the member of staff and his/her agreement obtained before an appointment is arranged. Lincoln Occupational Health cannot accept referrals without the member of the staff's signed consent.
- Under 'Reason for Referral' please provide appropriate background information, including information on job performance where this is an issue, and state why an occupational health opinion is being sought **at this time**. You should also indicate any specific information you would like to receive in the report.
- The member of staff should be given an opportunity to read the completed form before being asked to give his/her signed consent for an assessment and report.
- If the staff member is absent, he or she should be sent a copy of the form, with an explanatory letter if necessary and asked to sign and return the form to the manager.

### COMPANY DETAILS

Company name and full address:

Name of referring Manager:

Referring Manager's email address:

Telephone number:

### EMPLOYEE'S DETAILS

Employee's name:

Date of Birth:

Address:

Email Address:

Day time contact number:

Date of joining:

Job title:

Location (if applicable):

Department (if applicable):

**MAIN FEATURES OF THE JOB**

Please describe below the main features of the job (if possible please attach job description) e.g. PC User / Food Handler / Night Shift Worker / LGV Driver

**REASON FOR REFERRAL** (mark boxes with an X as appropriate)

- Frequent short term sickness absence
- Long Term sickness absence
- Fitness to return to work following injury or illness
- Redeployment on medical grounds
- Other (please give details)

Please include information on any relevant job pressure, performance, non work related issues. Please attach a more detailed report if you feel it is appropriate.

**ABSENCE RECORD FOR PAST 12 MONTHS** (attach summary if possible)

<b>Dates (dd/mm/yy)</b>	<b>No. of days</b>	<b>Reason for absence</b>

## OCCUPATIONAL HEALTH ADVICE

Please supply any further information which may be relevant together with the specific questions to which you require answers: *(some examples are provided below)*

Sample Questions: **Mark if appropriate:-**

What is the employee's current state of fitness to work?	<input type="checkbox"/>
Is there any underlying medical explanation for this employee's attendance record/behaviour at work?	<input type="checkbox"/>
Are there any factors associated with the individual's work that may be contributing to this condition/illness?	<input type="checkbox"/>
Might the provisions of Disability Legislation apply in this case?	<input type="checkbox"/>
What is the likelihood of the employee being able to fulfil the full duties and responsibilities of their job in the foreseeable future?	<input type="checkbox"/>
Are you able to estimate when the employee will be able to fulfil the full duties and responsibilities of their job?	<input type="checkbox"/>
Are there any aids or equipment, or any alterations to their work or working environment that you feel would aid the recovery/enable the employee to fulfil their full duties and responsibilities?	<input type="checkbox"/>
Do you recommend any short-term changes to their work to enable a return for a rehabilitation period?	<input type="checkbox"/>

## CONFIRMATION OF EMPLOYEE'S AWARENESS OF REFERRAL TO OCCUPATIONAL HEALTH

Is the employee aware that you have referred them for an OH opinion and the reasons why?  
YES  NO

Manager's Signature:

Date:

## EMPLOYEE'S CONSENT

I consent to Lincoln Occupational Health processing and storing my personal data

I consent to Lincoln Occupational Health undertaking this assessment

I consent to having a report sent to my employer based upon the assessment

- I do not wish to receive a copy of the report
- I wish to view the report before it is sent to my employer \*
- I wish to view the report at the same time it is sent to my employer \*

\* Please confirm email address to which you would like the report sent

I understand the purpose of the report is to provide information to my manager to allow him/her to address health related issues that may impact on my health and safety at work and/or future employment.

I understand that I can withdraw consent or decline at any time by emailing [Elizabeth@lincolnoccupationalhealth.co.uk](mailto:Elizabeth@lincolnoccupationalhealth.co.uk) but that my employer will then make further employment related decisions without the benefit of specialist advice.

Employee signature:
Employee full name:
Date of consent:

If it has not be possible for the employee to see and sign the form before sending, can you please confirm by signing below that they have been made aware of the referral and they have been provided with a copy of this referral form.

Manager's Signature:
Date:

### **Data Protection**

Lincoln Occupational Health will only process your personal data in accordance with the provisions of the General Data Protection Regulations and any other applicable data protection or privacy legislation. Lincoln Occupational Health will collect, use and keep personal data about you for the lawful basis of fulfilling our legitimate interest of providing preventative or occupational medicine and also where you have given your consent and that consent has not subsequently been withdrawn by you. Further details about the personal data that we collect from you, how long we will keep it for and your rights in relation to this information as well as other important information about your personal data are set out in our Privacy Notice which can be obtained from us on request, from our website or by using the link:-

<https://www.lincolnoccupationalhealth.co.uk/privacy-policy>