



**Job Demands**

Please tick **all** relevant boxes

**Physical demands**

Regular/ frequent exposure to:

- Deskwork
- Standing
- Lifting or carrying
- Computer work
- Operating Equip
- Driving
- Sedentary

**Environmental demands**

- Noise
- Dust or fumes
- Chemicals
- Biological hazards
- Work at heights
- Work in confined spaces
- Fieldwork
- Travel abroad
- Heat
- Cold

**Work location**

- Office
- Outdoors
- Offsite
- Mobile at site
- Other

**Other demands**

- Management of staff
- Psychological stressors
- Other

**Current Absence Period (If applicable)**

(To be completed where individual is absent from work at point of completing referral). (If employee is still in role please state).

<b>Absence Start Date</b>	
<b>Reason for absence</b>	

**Overview of Absence Record**

Please provide details of the employees' absence in the preceding 12 month rolling period including dates of absence and reasons.

**Absence Procedure**

Please indicate at what stage of the sickness absence management process the employee is at and if at the final stage, when is the final review meeting?

**Reasons for Referral** – Please select the reason(s) for referral below

- Long term sickness absence – usually defined as continuous absence of 4 weeks or more.
- Recurring short term absences – based on episodes and their frequency e.g. Bradford formula.
- Concerns over work performance – poor or reduced performance levels where there may be a health problem.
- Investigation of work-related illness/injury – assessment of whether a health problem is likely to be work-related or not.
- Substance abuse concerns – assessment of suspected or admitted to substance abuse affecting work.
- Ill-Health Retirement assessment – whether the scheme ill health retirement criteria are met.
- An employee is about to be transferred to another job or is about to be promoted and a medical assessment is required.
- Assess an employee for fitness to attend a disciplinary meeting or other formal meeting
- Other Health concerns, please detail below

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**Employee Assistance Programme**

Does the employee have access to an EAP service provided by the employer? YES/NO

**Questions below for Occupational Health Practitioner to advise/provide guidance on within subsequent report (Please tick questions you would like responses on):**

<input type="checkbox"/>	Is there an ongoing/underlying medical condition?
<input type="checkbox"/>	Is the condition likely to improve/deteriorate?
<input type="checkbox"/>	Is the condition work related?
<input type="checkbox"/>	Is the Equality Act (disability) 2010 likely to apply?

Are there any recommended 'reasonable adjustments' that management are advised to consider under the Equality Act 2010 (Disability)?

**Specific Questions/Supportive comments:**

(We cap additional questions at 5, 10 including the 5 above)

**Referring manager has confirmed that:**

**They have discussed the reasons for the referral with the employee.**

**They have discussed possible outcomes.**

**The employee has agreed to attend an OH Assessment (by telephone or in person).**

**I confirm I have discussed this referral with the individual and they have given verbal or written consent to take part in an OH consultation. I am aware that this information will be shared with the individual during OH appointments and will form the basis of the consultation.**

**Employee Signature.....**

**Date.....**

**Manager/HR Signature.....**

**Date.....**

<b>Line Managers Name</b>	
<b>Line Managers Telephone Number</b>	
<b>Line Managers Email Address</b>	
<b>Name of HR Representative</b>	
<b>Contact number for HR</b>	
<b>Date of Referral</b>	

Perfectly crafted  
**Occupational  
Health**

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