**EMPLOYEE REFERRAL TO OCCUPATIONAL HEALTH**

**STRICTLY PRIVATE AND CONFIDENTIAL**

**GUIDANCE FOR COMPLETION OF REFERRAL FORM**

To be completed if you require advice from Occupational Health regarding an employee. Please note that Occupational Health cannot inform management when an employee self refers to Occupational Health without their consent. Please read the following guidance before completing the 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 or offer an appointment. They must indicate their consent to referral to OHS via conversation or email, prior to the referral form being submitted.

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 shouldbe given an opportunity to read and have a copy of the form.

Employees have the right to decline consent for a report from Occupational Health. However, the employee should understand that refusal to provide consent for a report to the referring manager/HR may mean that further management action is taken *without* the benefit of medical advice.

**GUIDANCE FOR RELEASE OF REPORT**

 Employee consent is required prior to the release of an Occupational Health report and/or feedback being given to the referring manager/HR.

 When an employee wishes to have sight of the report prior to it being released, they have 72 hours to read/ respond if received by email, or 5 working days if by post.

 If OHS does not receive confirmation from the employee of continued consent, it is assumed that consent has been withdrawn, and the referring manager/HR will be informed that no report will be provided.

 Due to legislative requirements of medical confidentiality the Occupational Health Manager/ Physician may be restricted in the information provided.

 The referral form asks for a history of medical issues for the past three years as it allows OHS to see how well medically managed the underlying health condition is and to undertake an effective plan of action.

**GUIDANCE FOR MANAGERS**

**Section 1:** Fully complete the Employee Details section. Incomplete details can cause delays in inviting the employee for an appointment. Please complete the details of the job so that OHS has an awareness of the duties and job demands.

**Section 2**: Fully complete the Reason for Referral section.

**Section 3**: This section must be fully completed to confirm what discussions have taken place with the employee, what reasonable adjustments are in place, and the impact the condition is having at work.

**Section 4:** Detail the absence details for the past three years and confirm whether currently on sick leave.

**Section 5**: Use this section to indicate the information you would like to receive back from Occupational Health in the report. Only tick those which are relevant and appropriate to the employee’s referral. Space is provided for you to ask questions not included in the form. You will receive feedback relating to the questions that you have asked.

**Section 6**: You must confirm that the employee has been informed of the referral and the reason(s) discussed with them. OHS cannot proceed without informed consent from the employee.

**Section 7:** The contact details for the referring manager must be completed. Also include the details of the HR Business Partner for your area.

**Section 8**: To be completed by the [HR Business Partner](https://www.st-andrews.ac.uk/hr/businesspartner/) for your area.

**THE USE OF PERSONAL DATA**

The University is required to inform staff how their personal data will be used. The University privacy notice for staff contains much of the relevant information, a copy of which is available from: <https://www.st-andrews.ac.uk/terms/data-protection/>. Specific details as to how personal data will be used in this instance, not set out in the University staff privacy notice, are set out below.

The legal basis for the use of personal data

The University will rely upon the condition of Consent and for the provision of Occupational Health Services (as specified in Article 6 (1), paragraph (a) and Article 9 (2), paragraph (h)) of the General Data Protection Regulation respectively.

Staff have the right to withdraw their consent at any time; please talk with the Occupational Health practitioner about what that may mean.

**Section 1 – EMPLOYEE DETAILS**

**Personal Details**

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| **Personal Details** |
| Staff ID |  |
| Title |  |
| Pronoun  |  |
| Surname |  |
| Forename(s) |  |
| Address (Including Postcode) |  |
| Telephone No |  |
| Email |  |
| Date of Birth |  |

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| **Employment Details** |
| Job title |  |
| School/Unit |  |
| Location |  |
| Line Manager |  |
| Work Pattern (details of shift) |  |
| Hours of Work |  |
| Date of appt to present role |  |
| Driving activity required as part of employment. |  |

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| **Job Description** |
| Is the job description attached? | Yes | [ ]  | No |[ ]
| If not attached, please list duties: |

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| **Job Demands and Exposure** |
| [ ]  Lab work [ ]  Biological agents [ ]  Work at heights[ ]  Computer work [ ]  Respiratory Sensitisers [ ]  Operating machinery[ ]  Chemicals [ ]  Lifting and carrying [ ]  Driving [ ]  Noise [ ]  Work pressure *e.g. tight deadlines, workload*  |

**Section 2 – REASON FOR REFERRAL**

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| **Please select the reason for the referral** |
| Long-term sickness absence |[ ]
| Advice about return to work after long term illness, injury, surgery |[ ]
| Advice regarding adjustments in relation to a disability |[ ]
| Work-related accident (please include Accident Form number and date sent to EHSS) |[ ]
| Possible work-related ill health |[ ]
| Possible symptoms of stress – indicate whether work related or personal |[ ]
| The manager is aware there is an underlying health condition, and needs to understand the impact |[ ]
| Are there any capability/disciplinary actions in place or pending? |[ ]
| Other (please specify): |  |

**Section 3 – BACKGROUND INFORMATION**

**This section MUST be completed. Please explain link between work and the health complaint.**

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| **What discussions have taken place with the employee to date?**  |
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| **What impact is the health complaint having on work?** |
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| **What reasonable adjustments have been made? Are these proving successful? What adjustments may/may not be operationally feasible going forward?** |
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**Section 4 – SICKNESS ABSENCE DETAILS**

**Please detail the current absence details. A 3-year history of medical issues is also requested as it allows OHS to see how well medically managed the underlying health condition is and to undertake an effective plan of action.**

|  |  |  |
| --- | --- | --- |
| **Current sickness absence** | **Yes** | **No** |
| Is employee currently on sick leave? | [ ]  | [ ]  |
| Date current sick leave commenced |  |
| Reason for current absence |  |
| Current/most recent medical certification/fit note expiry date: |  |
| **Sickness absence history (for last 3 years)** |
| Please detail or attach the employee’s sickness absence history: |

**Section 5 – ADVICE REQUIRED BY THE MANAGER FROM OCCUPATIONAL HEALTH**

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| **Please select the appropriate boxes only**. **It is important to ask relevant questions to ensure the report you receive answers the questions you need to manage moving forward**.  |
| Is the employee fit to carry out the full range of duties relating to their normal job? |[ ]
| Opinion on the likelihood of recovery or return?  |[ ]
| What reasonable adjustments, if any, would you recommend to support the employee’s continued attendance at work/return to work? |[ ]
| 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 and/or their symptoms/effect of their condition on their function at work?
 |[ ]
| Is there a further requirement for medical support or intervention? |[ ]
| Is there any likelihood that the work environment may be contributing to reduced performance or sickness absence? |[ ]
| Is the sickness/absence a result of an accident/illness sustained at work? |[ ]
| In your clinical opinion, does the employee have a disability as defined by the [Equality Act 2010](http://www.st-andrews.ac.uk/hr/edi/disability/definition/) and what adjustments are advised? |[ ]
| Other relevant questions: |[ ]

**Section 6 – CONSENT**

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| **Please select the appropriate boxes only**. **It is important to ask relevant questions to ensure the report you receive answers the questions you need to manage moving forward**.  |
| **I confirm that the employee has been informed of this referral and the reason(s) has been discussed with them.**  |[ ]
| **The employee was informed:**

|  |
| --- |
| In person |[ ]
| By email |[ ]
| By telephone |[ ]

**on: XX/MM/YYYY (Date)**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: DD/MM/YYYY(to be signed if present)**If you have not informed the employee of the referral and discussed the reason, we will be unable to proceed.** |

|  |  |  |  |
| --- | --- | --- | --- |
| D**oes the employee want a copy of the referral form?** | **Yes** | [ ]  | **No** |[ ]
| If so, how do they wish to receive this?Post [ ]  Work email [ ]  Personal email [ ] If personal email, please confirm address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 7 –REFERRING PERSON**

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| **Details of referring person** |
| Referring Manager |  |
| Referring Manager’s Job Title |  |
| Name of HR Business Partner to receive a copy of the report: |  |
| Date of referral: |  |
| Signature of Referring Person: |  |

**Please return completed form to your HR Business Partner at Human Resources, Walter Bower House, Guardbridge, St Andrews. Incomplete forms will be returned to the manager.**

**Section 8 – TO BE COMPLETED BY THE HR BUSINESS PARTNER**

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| **HR Business Partner details** |
| Name/Signature of HRBP: |  |
| Date received by Human Resources: |  |
| Date sent to Occupational Health: |  |