**REFERRAL TO OCCUPATIONAL HEALTH SERVICE**

# CONFIDENTIAL

If Managers have any questions for International SOS regarding making a referral please email ABZ [ABZ.HighlandCouncil@internationalsos.com](mailto:ABZ.HighlandCouncil@internationalsos.com) You will get a response within one working day.  Questions may be about timing of the referral, whether the referral should be made or to ask about medical conditions reported by employees.

In assessing any employee referred to the Occupational Health Service for a medical opinion and reporting to the manager, it is important that the Occupational Specialist is in possession of all relevant facts. Please complete the following sections comprehensively and legibly, referring to the guidance notes below as required.

**Please email the completed form to** [**Occupational Health Referral**](mailto:Occupational.HealthReferral@highland.gov.uk?subject=Occupational%20Health%20Referral)

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| --- | --- | --- | --- | --- | --- |
| EMPLOYEE’S DETAILS | | | | | |
| Title | Mrs | | Name | | Test Smith |
| Date of Birth | 01/01/1980 | | Payroll number | | 53000000 |
| Address  (incl. post code): | 1 Any Place, Any Town, IV1 1AX | | | | |
| Tel No\* | 01463 101010 | | N.I. Number | | AB 12 34 56 Z |
| **\*appointments are notified by letter. Please provide mobile number for a reminder by text message.** | | | | | |
| Email address | [**Test.smith@highland.gov.uk**](mailto:Test.smith@highland.gov.uk) | | | | |
| MANAGER’S DETAILS | | | | | |
| Name of Manager | Test Manager | | | Job Title | Support Officer |
| Address | HQ, Glenurquhart Road, Inverness, IV3 5NX | | | | |
| Email address | [test.manager@highland.gov.uk](mailto:test.manager@highland.gov.uk) | | | | |
| Tel No. | 01463 101011 | | | Service | Corporate Resources |
| **EMPLOYMENT DETAILS** | | | | | |
| Present Job Title  (please state if full time or part time) | | **Officer HC06 (Full Time)** | | | |
| Principal Duties of Post (a copy of job description would also be helpful): | | | | | |
| Enter (or attach) job description here.  Enter any particular aspects of the post that may impact on the employee’s health e.g. how physical the job is. | | | | | |
| Length of time in Current Post | | 2 years – start date 09/01/2015 | | | |

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| **The information contained in this form is classified as “medical in confidence” and as such should not be copied or forwarded for any purpose other than the management of the case** |

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| **NATURE OF THE PROBLEM WHICH HAS INITIATED THIS REQUEST**  Describe the problem chronologically and add any other relevant facts, such as associations with certain aspects of the job or days of the week. Continue on a separate sheet if necessary. | | | | | | | |
| Mrs Smith has been suffering with repeated migraines which have caused numerous absences from work. Mrs Smith is claiming that the migraines only began when she started in her current office a year ago. She complains of excess noise, heat and issues with lighting. Other employees do not appear have any concerns.  Mrs Smith has now self-certificated for a week citing “stress” We are unaware if Mrs Smith has consulted with her GP with regards to suitable treatment for either migraines or stress. We are not aware of any other underlying health conditions.  We have contacted Mrs Smith to arrange a meeting to discuss her concerns over stress.  When these migraines occur she can be off for up to 4 days. The service is struggling to support this level of absence, as her workload needs to be covered by other members of staff when she is off. Due to the unpredictable nature, we are never sure when migraines are likely to occur. We are in the process of undertaking formal attendance management procedures. | | | | | | | |
| SICKNESS ABSENCE DETAILS Please detail past absences for as long as you think relevant or for at least the last 12 months. Continue on a separate sheet if necessary. SC = Self Certificate MC = Medical Certificate | | | | | | | |
| **DATE** | **DAYS**  **ABSENT** | **REASON** | **SC**  **or**  **MC** | **DATE** | **DAYS**  **ABSENT** | **REASON** | **SC**  **or**  **MC** |
| 22/01/18 | 7 | Stress | SC | 29/05/17 | 2 | Migraine | SC |
| 13/12/17 | 3 | Migraine | SC | 01/03/17 | 4 | Migraine | SC |
| 06/11/17 | 2 | Migraine | SC |  |  |  |  |
| 05/09/17 | 4 | Migraine | SC |  |  |  |  |
| 11/07/17 | 1 | Migraine | SC |  |  |  |  |
| Is this injury / illness due to a work-related accident? NO Is this injury / illness due to working with display screen equipment? NO | | | | | | | |
| **SPECIFIC ADVICE REQUIRED**  e.g. Is the employee fit for this job in the near future or ever? What sort of work is the employee fit for? Does the employee have an illness which is covered by the Equality Act (i.e. disability)? Refer to Policy and Guidance. | | | | | | | |
| Can you please provide an update on Mrs Smith’s health and fitness for work? | | | | | | | |
| Are there any supportive measures that the service can put in place to support Mrs Smith in her role? | | | | | | | |
| Has Mrs Smith sought appropriate support / treatment from her GP? | | | | | | | |
| Are there any other underlying health conditions we should be made aware of which may affect her role? | | | | | | | |
| What is the likelihood of future absences and how can we support Mrs Smith in reducing the number of absences? | | | | | | | |
| Is Mrs Smith able to identify if her stress is work related or personal? What support can we put in place for this? | | | | | | | |

* International SOS offices in Inverness have clinics both on the ground and first floor. Please indicate if there is a preference for the ground floor, due to access requirements: NO
* Please indicate if there are any dates that the employee cannot attend (e.g. Annual Leave, NHS appointments)

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| Currently signed off until 29th January. |

* Employee may be contacted by International SOS to discuss the referral. Please indicate employee’s preferred method of contact: (Personal Email/Phone Number) and give details if different from those given above.

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| 01463 101010 |

* In order of preference, please indicate the preferred choice of location for clinic.

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| Inverness (1) | Fort William | Wick | Portree |

**I confirm that I have discussed travel/transport options with the employee. I understand the Service may be charged if the employee fails to attend or cancels with less than 48 hours’ notice. I confirm that I have spoken to the employee about this referral and the reasons for it.**

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| Date of meeting | 22/01/2018 | Date form signed | 22/01/18 |
| Signature | Test Manager | | |

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