

Derbyshire County Council - Occupational Health Referral (Management Referral)

OFFICE USE ONLY - OHP Appointment /OHA Appointment /OHA Telephone Appointment

Section 1:

Please give details of HR Officer/Referring Manager to whom the report should be sent

Name:		Department or School:	
Position:		Email:	
Correspondence Address:			
Post code:		Contact Tel. No:	

Section 2: Employee Details (Please complete in full)

In LGPS/Teachers Pension:		Employee No:	
Occupation:		Date of Birth:	
Name:		NI No:	
Home Address:			
Post code		Home phone:	
Mobile phone: (this mobile number will be used to text a reminder for the appointment)			
Place of work:			
Place of work Address			
Place of work Postcode			
Telephone Number:		Working Hours/Week:	
Email:		DCC Start Date:	

Section 3: Periods of absence during at least the last two years with or without a medical certificate (to be completed in all cases)

Date From	Date To	Reasons	State whether: Certificated (C) Non-certificated (N) or Self-certificated (S)

Section 4: Job Demands / Exposures (select all that apply)

Desk work	Manual handling	Managing people
Driving (group 1)	Vibration tools	Interaction with the public
Driving (group 2)	Chemical exposure	Working at heights
Prolonged standing	Skin irritants exposure	Moving and handling
Night working	Work pressure e.g. workload/ deadlines	Exposure to dust/ fumes/gases/vapours
Noise	Computer work/DSE	Blood borne viruses
Food handling	Lone working	Operating machinery

Section 5: Reason for referral and history/management to date to include workplace actions regarding adjusted duties that may have been implemented.

Section 6: Stage of capability?

N/A

Stage 1

Stage 2

Stage 2 review

Section 7: Is the employee currently off sick?

Section 8: Advice requested from Occupational Health (select all that apply)

What is the prognosis?

Is this medical condition temporary or permanent?

Is there any additional support/adjustments which could be provided to the employee to assist in a return to work?

Would a phased return be appropriate? If so, please advise re hours/duties etc.

Could the condition be covered by the Equality Act 2010?

What can the employee do to facilitate their return to work?

Please carry out a workplace assessment.

Any other questions? (please give details)

Referring Manager/HR Officer (*select appropriate title*):

I have explained/The referring manager has explained the content and aim of this referral to the staff member concerned and discussed with them how it will assist in managing their health issues under our attendance management policy.

I understand that there may be additional charges incurred from this referral e.g. Doctors/Consultant reports which will be charged to your departmental budget.

Please provide a Cost Code:	
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Print name		Job Title	
Signature		Date	

Please email completed form to occupational.health@derbyshire.gov.uk

Or post under confidential cover to Occupational Health, County Hall, Matlock, DE4 3AG

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