

MEDICAL IN CONFIDENCE

Robens Centre Occupational Health and Safety
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REFERRAL FORM

Name of Person		
Address		
		Post code
	Home Tel. No. Mobile No.	
Date of birth		
Job title		
Work Tel No.		
Email		
Place of work		
Name of referring organisation		

Reason for Referral **Please give absence dates if appropriate and any relevant information to assist the Occupational Health Adviser/Physician assess Fitness for Work**

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The member of staff is required to do the following duties (Please tick those appropriate)

Manual handling	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Display screen equipment	<input type="checkbox"/>	Food handling	<input type="checkbox"/>
Night/shift work	<input type="checkbox"/>	Chemical or other substance work	<input type="checkbox"/>
Others (Please state)			

Please tick which questions you would like asked of the employee as appropriate

- What is the employee's current state of fitness for work?
- What effect will this illness have on the employee's ability to carry out his/her current occupation?
- Are there any particular duties the employee will be unable to carry out?
- Are there any work modifications that would alleviate the condition or facilitate rehabilitation?
- Is this condition likely to recur?
- Does the condition affect normal day-to-day activities?

Additional advice sought

I confirm that I have discussed with (Name) _____ the reasons for this referral and he/she fully understands and agrees that he/she may be required to attend for a consultation.

Employee's signature:		Date:	
Manager's Name: Position: Reply Address: Email: Contact No: (Please sign and print)			

A copy of the recommendations will be sent to the referring Manager, the HR Department and the Employee.

In accordance with the Data Protection Act 1998, the information given on this form will be used for medical purposes only and will not be released to anyone who does not require it for this purpose. Any recommendations made on the basis of this assessment may be forwarded as necessary. The form will be placed in your Occupational Health file and kept throughout your employment, after which it will be archived. You can obtain a copy of your records by contacting the Robens Centre for Occupational Health and Safety.