

**Sickness absence/ Fitness to work/Ill health retirement assessment**

I am referring the following employee to you for a medical assessment.

I have discussed the reason for this referral with the employee.

I have informed the employee that I will receive a detailed medical report answering the questions I have raised below and they will be asked for their consent to receive the report at the same time or before it is sent to me

I understand the referral and any supporting documents will be included in the occupational health record of the employee and the employee has a right under the Data Protection Act to access the information held within these records.

Tick box to agree to the above €

You need to agree to the above to proceed

Date of referral:

**Employee’s details**

Details of employee referred:

Title:

Name:

Date of Birth:

Address line 1:

Address line 2:

Town/ City:

Post code:

Phone number:

Email:

Job title:

Company:

Is the employee at work or not?.......................................

Give details of absence record below, if the reason for referral is sickness absence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Certified/Uncertified | Diagnosis | Duration |
| From | To |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

Click to add more rows

**Referral details**

Reason for referral: Tick the appropriate box(es)

* fitness for work
* long term sick leave
* recurrent short term absences
* work related illness / injury
* assessment prior to job alteration/ employment
* concern that health may be impacting on performance
* assessment of disability
* ill health retirement

For more details regarding above or for other supporting reasons, use open text box given below.

|  |
| --- |
|  |

Tick the question(s) you want us to answer:

Is the employee fit to undertake his/ her current role?

If the employee is not fit to fulfil their role, would adjusted duties or temporary redeployment help? If so, specify?

Is there an underlying medical condition?

Is the medical condition likely to improve?

Is the performance significantly affected by ill health and how long is this likely to continue?

What is the likely date of return to work?

What can be done to assist an early return to work?

Is the graduated return to work appropriate?

What can be done to reduce the risk of further health problems in the workplace?

Are further absences likely and at what level?

Is there likely to be a recurrence of this condition in the future?

Is the employee fit to attend an investigatory or disciplinary process?

Is the ill health work related?

Is it likely this case falls within the scope of the Equality Act and if so what adjustments should be considered?

Does the employee meet ill health retirement criteria?

Other (please give details)

|  |
| --- |
|  |

**Referrer’s details**

Name: Job title:

Email address: Phone number:

**Kindly inform the employee of the appointment date, time and location**