**This form should only be used for management referrals. There is a separate process for self-referrals that can be found here** [**https://occupationalhealth.admin.ox.ac.uk/self-referrals**](https://occupationalhealth.admin.ox.ac.uk/self-referrals)

The information on this form will be used as the basis of the consultation and will be stored within the individual’s Occupational Health record. The fields marked \* are considered essential for the sake of clarity and data protection checks.

Please note referrals may be returned for more clarity if this form is incomplete.

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| **Employee Details** | | | |
| **\*Date of referral:** | |  | |
| **\*Name of individual being referred:** | |  | |
| **Please indicate if the individual uses preferred pronouns and what they are (e.g. she/her, they/them, he/him):** | |  | |
| **\*Date of birth (highly preferable for data protection checks) :** | |  | |
| **\*Preferred contact number and email address:** |  | | |
| **\*Address including post code:** |  | | |
| **\*Job title:** |  | **\*Department/College:** |  |
| **\*Work location:** |  | | |

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| **\*Referring Person’s Details (Resultant Occupational Health reports will be sent to this person only with appropriate consent)** | |
| **Name:** |  |
| **Job role:** |  |
| **Contact telephone number:** |  |
| **Email address:** |  |

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| **\*What is the main reason for referral? Please tick one, there will be an opportunity to add more detail later in this form** | | | |
| Long term sickness absence |  | Concerns about capability to undertake role |  |
| Recurrent short term absence concerns |  | Advice on work related illness or condition |  |
| Disability queries or issues |  | Consideration for ill-health retirement |  |
| Advice on workplace adjustments |  | Escalation of DSE or health surveillance issue |  |
| Covid-19 related concerns |  | Management concerns or other (please be succinct, more details can be given in next section) |  |

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| 1. **Please provide details of the background and any pertinent information for this referral. Please enter free text in the following box.** |
| **Detail/background information (free text):** |

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| 1. **Please indicate if the individual is exposed to or undertakes any of the following within their role. Please add others where relevant.** | | | | | |
| DSE working |  | Exposure to biological agents (e.g. body fluids, viruses) |  | Operating machinery, exposed to moving mechanical parts |  |
| Vocational driving |  | Exposure to respiratory or skin sensitizers |  | Manual handling |  |
| Teaching/Management of staff |  | Clinical work |  | Lone working/Night work |  |
| Working in confined spaces |  | Working at heights |  | Noise/Vibration/Radiation hazards |  |
| Other workplace hazards |  | Please specify: |  | | |

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| 1. **Please indicate what additional feedback you would like. Please tick all that apply:** | | | | | |
| As a standard, reports from Occupational Health will include advice on the following:   * Fitness for work * Timescales for recovery and return to work * Prognosis * Any workplace restrictions or adaptations that could be considered | | | | | |
| If there is an underlying health condition or other clinical issue precipitating repeated short-term absence? | | | |  |
| If ill-health has been caused or exacerbated by work or a work activity? | | | |  |
| Does the individual meet the criteria for ill-health retirement? | | | |  |
| Other |  | Please specify: | **fhfkjfj** | |

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| 1. **It may be useful to attach (where relevant to the referral), additional documents such as a sickness absence record , job description, copies of GP certification or correspondence, previous stress or DSE risk assessment documentation etc.** |

By ticking this box you confirm that you have informed consent from the individual to submit this referral i.e. you have discussed with them the reasons for referral, they have been made aware of the contents of this referral document, and are aware of the type of feedback you have requested.

**Please note that if there is any reason that this is not clear at the time of consultation the clinician reserves the right to defer the consultation until there is clarity around consent.**

Please email this completed form to [enquiries@uohs.ox.ac.uk](mailto:enquiries@uohs.ox.ac.uk). Appointments will be allocated to the most appropriate clinician dependent on the contents of this referral form.

Data Protection Information - the information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual’s occupational health record. For full details of how personal information is used by the University Occupational Health Service, please see <https://occupationalhealth.admin.ox.ac.uk/confidentiality-and-medical-records>