**Form C1**

**Ulster University**

**Information for Managers and Staff**

**Completing a request for an Occupational Health Assessment**

1. All managers and staff of the University of Ulster have access to advice from the Occupational Health Department on work-related health issues.
2. To ensure the best information is properly obtained it is essential that all relevant background information is provided and that the employee is aware of the reason for the referral.
3. If further information is required, the Occupational Health professional will discuss with the employee his/her rights under the Access to Personal Files and Medical Reports Order (NI) 1991. Information cannot be obtained without the employee’s consent.
4. All referrals should be sent to the Occupational Health Department

(Jordanstown office 2H12 for Jordanstown and Belfast campus referrals and Coleraine office J809 for Coleraine and Magee campus referrals). If not correctly completed, the manager may be contacted to clarify details or the form may be returned to management. **Appointments will only be made on receipt of an adequately completed referral form.**

1. Occupational Health will advise the employee and manager in writing of the date/time of the appointment.
2. The Occupational Health Department will provide a report to the manager making the referral and a copy to the identified Human Resource representative.
3. The employee will be advised of the opinion given by the Occupational Health professional at the time of the appointment. The employee is also entitled to a copy of the report on request as per General Medical Council Guidelines (Oct 2009).
4. If the employee is unable to attend the Occupational Health Department due to illness or incapability, the Occupational Health Professional, with the consent of the employee, can arrange to carry out a home visit or correspond through the employee’s general practitioner.

NB. It is a contractual obligation for an employee to attend an appointment made for them to see the Occupational Health Specialist.

Ulster University

**OCCUPATIONAL HEALTH DEPARTMENT**

**CONFIDENTIAL**

**MANAGEMENT REQUEST FOR OCCUPATIONAL HEALTH ASSESSMENT**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Home Address |  | | |
| Postcode |  | Tel No |  |
| Date Commenced Employment |  | National Insurance No |  |
| Pension Scheme |  | Currently on sick leave from |  |
| **Employment Details** | | | |
| Job Title |  | | |
| Department |  | Campus |  |

This work is Full-time / Part-time / Permanent / Fixed term (delete as necessary) and features any of the following

* Manual Handling
* Biological Risks
* Shift Work
* Frequent Hand Washing
* Food Handler
* Chemical Hazards (e.g. dust, vapour, gas, liquids, solids)
* DSE / computer use
* Ionising Radiation
* Driving on University business / Fork Lift Driving
* Use of Vibrating tools
* Lone Worker / Working at Heights / Confined Spaces
* Other, please state

**I request advice regarding:**

Changing job requirement / Transfer to a different job

Assessment because of long term sickness absence (more than four weeks)

Assessment due to frequent short-term sickness absence

Following accident or incident at work – Please provide background information and a copy of the accident/incident form if the absence is due to an injury/accident at work

Return to work following an accident/incident at work causing absence of more than 3 days

Any other issue which may be affecting work capacity

* Please provide a printout of the individuals’ sickness absence record for the past 2 years and include spells when had to be sent home or asked to go home due to sickness.
* It is essential that an up to date job description is enclosed and as much relevant information as possible is included to enable the Occupational Health professional to be fully informed. Include details of what support has been provided to date and whether the employee is being monitored under the University Absence Policy. Any questions you need the Occupational Health professional to answer should be noted here:

|  |
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**Information required from this referral**

Is he/she fit to carry out the full range of duties relating to his/her job?

Will they be able to offer a regular and efficient service?

If he/she is not fit at present for his/her full range of duties, please advise on

1. The probable date of fitness to resume normal duties.
2. Whether restricted duties are required to facilitate a return to work as part of a rehabilitation programme. If so, please give details.

If they are permanently unfit for their present position, please comment on

* 1. Whether re-deployment would allow a return to work?
  2. If a return to work were not possible, would you support an application for retirement on the grounds of ill health?

Other –

The request for Occupational Health advice has been discussed with the employee including the questions which have been asked in this document and the reason for the referral is understood.

|  |  |  |  |
| --- | --- | --- | --- |
| Manager’s Name |  | Date |  |
| I confirm the reasons regarding this referral have been discussed with me | | | |
| Employee’s signature |  | Date |  |

**N.B: If this signature is not possible (e.g. if off on long term sick), please provide confirmation that the employee is aware of the referral.**

**For example, Telephone/E-mail, Date**

**Ulster University**

**Occupational Health Department**

|  |
| --- |
| ClassificationStress: Work Personal Combination  **ICD10:** |

Office Use Only

Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Self-Referral received in OHD: Date:
2. Appointment booked to see: Dr McGread, Dr Gamble, M. McGill, J. Bell
3. Department visit: Home Visit: General Practitioner contact:
4. Appointment Date: Time:
5. Appointment sent by letter /phone: Date:
6. Appointment changed by OHD / Client / Manager Date:

Reason Given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Appointment changed on Date:
2. New appointment date: Date:

Outcome:

Letter to HR/Manager with employee consent  Date:

Fit  Fit with restrictions (rehabilitation)

Retirement Request applied for:  Date approved: Date appealed:

Fit to return to work with or without adjustments: Date:

Review Appointments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_