



**Healthscope (UK) Ltd**  
Occupational Health & Safety

Insert Client  
logo

Providing excellence through  
partnership in health

## MEDICALLY CONFIDENTIAL

### III Health - Management Referral Form

*(To be authorised by HR/ER prior to sending to Occupational Health)*

|  |  |  |
|--|--|--|
| <b>1. Employees Details</b>  |  |  |
| <b>Surname</b>   | <b>First name</b>                          |  |
| <b>Married / Single</b>  | <b>Date of Birth</b>                       |  |
| <b>Home Address</b>  |  |  |
| <b>Home Tel. No and / or Mobile No.</b>  |  |  |
| <b>Company:</b>  | <b>Date joined:</b>                        |  |
| <b>Location:</b>   |  |  |
| <b>Position / Title</b>  | <b>Date of starting present position:</b>  |  |
| <b>Referring Employee Relations Contract/HR:</b>   | <b>Line Manager &amp; Contact Tel. No.</b> |  |
| <b>Cost Code:</b>  |  |  |
| <b>Authorised by Employee Relation/HR:</b>   | <b>Contact Tel. No.</b>                    |  |
| <b>Date:</b>   |  |  |
| <b>2. Brief description of job, including exposure to potential hazards and responsibility for other staff</b> |  |  |
|  |  |  |



**Head & Registered Office Address:**

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**Registered No:** 2517842 ENGLAND & WALES

**Directors:** Elaine Higson, Ralph H. Higson **Secretary:** ADL Secretaries Ltd

**T:** 0118 9700442

**Email:** admin@healthscopeuk.com **Web:** www.healthscopeuk.com



**3. Assessment of quality of work: Problem area etc.**

|  |
|--|
|  |
|--|

**4. Sickness Absence Record over previous three years (including 1-3 day absence)**

|  |   |
|--|---|
|  |   |
| <b>If on sick leave, date on which sick pay entitlement expires:</b> | <b>Permanent Health Insurance Entitlement</b> |

| Start Date of this Episode   | Date of return to work if known | Diagnosis (when available from certificate) |
|--|---------------------------------|---|
|  |                                 |   |
| <b>Specific Questions to be answered as part of the process:</b>   |                                 |   |
| Is there any underlying health condition that may affect their attendance or performance?                              |                                 |   |
| Is there any evidence that the work environment is contributing to the sickness absence/ill health problem?            |                                 |   |
| Will the illness/condition affect the employee's daily activities?   |                                 |   |
| When is she / he likely to return to work?   |                                 |   |
| Is the Equality Act applicable and, if so, is there any advice that can be provided to ensure compliance with the Act? |                                 |   |
| Will it be necessary to make special job adjustments in accordance with Health & Safety Regulations?                   |                                 |   |



|   |  |
|---|--|
| Are there any temporary or permanent modifications / restrictions to the work, equipment or workplace, which may enable the individual to do their job? |  |
| <b>a)</b> please specify what modifications should be made;<br><b>b)</b> for how long these modifications should continue.                              |  |
| Is there any treatment that would be recommended?   |  |
| What specific steps will be required to facilitate a return to work?  |  |
| Is there a need to seek alternative employment? If yes are there any specific recommendations?  |  |
| Is the employee fit to continue in their current position, or is the employee permanently unfit to resume work?   |  |
| Is the employee able to continue working on a full-time basis (if applicable)? Or are there any adjustments required to their work or hours?            |  |
| Is there a likelihood of a reoccurrence of their illness/condition?   |  |
| Other (please state)  |  |
| Signed: _____ Date: _____   |  |

**\* PLEASE ENSURE THAT A SIGNED CONSENT FORM FOR APPROACH TO GENERAL PRACTITIONER IS ATTACHED**



## Consent to Obtain Medical Report

*(To be completed by employee)*

*Before we can apply for a medical report from your Doctor, we need your consent.*

Before signing this consent form you should know that you have certain rights. In summary these are as follows:

- (a) You can withhold your consent
- (b) You can see the report before it is sent to us, or during the six months following.
- (c) You can ask your Doctor if he/she will amend any part of the report, which you consider to be incorrect or misleading. If your Doctor is not in agreement, you may add your comments to his report.
- (d) Your Doctor can withhold all or part of the report from you if it could cause you serious physical or mental harm or would include revealing information about another person.

### YOUR NAME AND ADDRESS

|  |
|--|
| Name and Initials (Mr/Mrs/Miss/Other):   |
| Your date of birth:                      |
| Home Address:                            |
|  |
| <b>Post Code:</b>                        |
| <b>Telephone Number (including code)</b> |
| <b>Mobile:</b>                           |

I hereby consent to the Company Medical or Nurse Advisor seeking medical information about me from:

|   |
|---|
| <b>Dr.</b>                                  |
| Address:                                    |
|   |
| <b>Post Code:</b>                           |
| <b>Surgery Telephone No: (include code)</b> |

Please tick **ONE ONLY** of the following:

- I wish to see the report before it is sent to the company
- I do not wish to see the report before it is sent to the company

**Signed**

**Date**



**To the Employee,**

**We suggest that you keep this information for your records**

## **CONSENT TO APPLY FOR AND RELEASE OF PERSONAL MEDICAL INFORMATION**

As your Occupational Health Consultant we may wish to write to your doctor to request a medical report on you (your doctor being your family doctor or, in the case of hospital treatment, your hospital specialist). The consent form requests your formal consent and it will be forwarded to your doctor at the time of application for information. Healthscope (UK) Ltd will keep a copy and a further copy will be given to you. Under the terms of the Access to Medical Reports Act 1988 you have the following rights:

1. You can refuse to give consent.
2. If you do give consent you have the right, if you wish, to see the Doctor's report before it is sent to Healthscope (UK) Ltd.
3. If you opt to see the report you must ask your doctor for sight of it within 21 (twenty one) days of the date on which it was requested (you will be told in writing what that date is). If you fail to meet this deadline the report (providing you have given consent) will be sent automatically to Healthscope (UK) Ltd.
4. When you have seen the report you have the right, if you wish, to withdraw your consent to it being sent.
5. If you consider any of the information contained in the report to be incorrect or misleading you can ask for it to be amended. However, you must do this in writing. If your doctor does not agree that the information is misleading or incorrect, he/she does not have to amend the report. Instead you will be invited to prepare a written statement giving your views of the disputed information. This statement will be included when the report is sent to Healthscope (UK) Ltd.
6. You will continue to have right of access to the report for up to 6 (six) months after it has been sent to Healthscope (UK) Ltd. If within that 6 (six)-month period you wish to see the report you must first obtain permission from your Doctor, as Healthscope (UK) Ltd cannot to disclose the report to you.
7. If you just want to see the report it will cost you nothing but if you wish to have a copy for your records your doctor may charge a fee for this service.
8. Your Doctor has the right to withhold from you any information, which he/she considers may cause serious harm to your physical or mental health. In some case the Doctor may allow you to see only part of the report.

The information provided in the medical report given will be retained by Healthscope (UK) Ltd on a confidential basis and any advice given to management will be expressed in terms of fitness for employment and/or fitness to carry out duties both now and in the future.