

ADVICE REQUIRED: Please tick

- Long-term sickness absence
- Frequent short-term sickness absence
- Fitness for current position
- Any adjustments that should be made, including redeployment either temporary or permanent
- Likely date when employee will be fit to return to their duties
- Is this person likely to meet the criteria for protection under the disability provisions of the Equality Act 2010
- To assess possible eligibility for ill health retirement

IS THIS PERSON CURRENTLY OFF SICK?

YES

NO

1. If employee is currently off sick, please give date last worked and the reason given for sickness absence:

| |
|--|
| |
|--|
2. Please provide (or attach details) of the last 12 months' sickness absence, including dates and reasons for absence:

| |
|--|
| |
|--|
3. Please provide further details of the main issues that have led to this referral:

| |
|--|
| |
|--|
4. Please indicate any specific questions on which you would like advice (that are not already covered above).

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

Please indicate if duties involve any of the following requirements or exposures:

- | | |
|--|---|
| <input type="checkbox"/> Shift Work | <input type="checkbox"/> Visual Display Unit (VDU) Work |
| <input type="checkbox"/> 00:00–05:00hrs Night Working | <input type="checkbox"/> Skin Sensitisers / Irritants |
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> Regular car driving |
| <input type="checkbox"/> Fork Lift Truck driving | <input type="checkbox"/> Driving HGV |
| <input type="checkbox"/> Significant Manual Handling | <input type="checkbox"/> Dusts |
| <input type="checkbox"/> Respiratory Sensitisers / Irritants | <input type="checkbox"/> Hand Arm Vibration (HAVS) |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Significant/Repetitive Noise |
| <input type="checkbox"/> Other Identified Hazards: | |

MANAGER'S DECLARATION

I have discussed the reasons for this referral and the details on this form with the employee and have provided him/her with a copy of the form.

| | | | |
|--------------------------------|--|-------------|--|
| Signature (Manager) | | Date | |
|--------------------------------|--|-------------|--|