**Isle of Man Government**

**Cabinet Office**

**Occupational Health Service**

**Management/HR Referral to Occupational Health Service (OHS)**

**This form should be posted, faxed or e-mailed to:**

Occupational Health Service, Garaghyn Glass, Braddan, Isle of Man,IM4 4RJ.

Tel: (01624) 642150, Fax: (01624) 642730, Email: occupationalhealth.dhsc@gov.im

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON MAKING REFERRAL (e.g. Line Manager, OHR):** | | | |
| **Name:** |  | **Telephone:** |  |
| **Address:** |  | **Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON BEING REFERRED:**  *(All of the information requested in this section is* ***essential*** *for the referral to be processed)* | | | |
| **Full Name of Employee:** |  | | |
| **Previous Surnames:** |  | **Date of Birth:** |  |
| **Home Address:** |  | **🕿 Home:** |  |
| **🕿 Mobile:** |  |
| **Post Code:** |  | **🕿 Work:** |  |
| **Department/Division/**  **Area:** |  | **Job Title:** |  |
| Are there any dates / times the employee will be unavailable  (annual leave etc) in the next 3 weeks? | |  | |

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

|  |  |
| --- | --- |
| **1.** | **Description of job demands relevant to this referral**: |
|  | |

|  |  |
| --- | --- |
| **2.** | **Reason for referral**: (Does health problem affect work or is it exacerbated by work?) |
|  | |

|  |  |
| --- | --- |
| **3.** | **Sickness Absence**: (Please give the reason, duration and frequency for the last 2 years or attach absence record. This is essential background if absence is a reason for referral.) |
|  | |

|  |  |
| --- | --- |
| **4.** | **History of performance problems**: (if relevant) |
|  | |

|  |  |
| --- | --- |
| **5.** | **Management action taken to reduce absence / resolve problem / support employee prior to this referral**: |
|  | |

|  |  |
| --- | --- |
| **6.** | **Details of any duties that cannot currently be undertaken**: |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7.** | **Questions you wish the Occupational Health Service to answer:** (tick as appropriate) | | | |
| Fitness for current job? | |  | Limitations to consider? |  |
| Prognosis on absence/return to work? | |  | What you as a Manager and Occupational Health can do to assist the employee? |  |
| Any other questions? (please give details below) | | | | |
|  | | | | |

Before sending this referral to OHS, the manager must discuss it with the employee. A copy of the referral should be sent to the employee so that they are fully informed of the reasons for their OHS health appointment. Employees are advised of this by OHS when the initial appointment is sent out and the contents of this referral will be discussed fully with them at the appointment.

|  |  |
| --- | --- |
| **Signed** (Referrer): | **Date:** |
|  |  |