

COVID-19 MANAGEMENT/HR REFERRAL TO OCCUPATIONAL HEALTH SERVICE
For advice regarding COVID-19 ONLY

Send form to: Email: occupationalhealth.dhsc@gov.im , Fax: (01624) 642730,
Occupational Health Service, Garaghyn Glass, Strang, Braddan, IM4 4RJ, Tel: (01624) 642150

DETAILS OF PERSON MAKING REFERRAL (eg Line Manager):			
Name:		Job title:	
Work address:		Telephone:	
		Email:	

DETAILS OF PERSON BEING REFERRED:			
<i>(All of the information requested in this section is essential for the referral to be processed)</i>			
Full Name of Employee:			
Previous Surnames:		Date of Birth:	
Home Address:		☎ Home:	
		☎ Mobile:	
Post Code:		☎ Work:	
Department/Division/ Area:		Job Title:	

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

1. Medical condition that OH advice is required for
2. Sickness Absence related to this condition in the last 2 years
3. Aspects of role where there may be potential for exposure to Covid-19 infection
4. Please list control measures already put into place

5. Please complete the workplace risk factors table below, giving the level of ongoing risk for each factor after control measures are implemented

Framework for workplace COVID-19 risk		Based on risk after control measures are implemented**			
Risk ID	Risk Factors	Low	Standard	Medium	High
1	Patient care/individuals cared for in the community/public facing				
2	Ability to maintain social distancing at work >2m				
3	Number of different people sharing the workplace				
4	Travel to and from work				
5	Workplace entry and exit				
6	Availability and use of PPE				
7	Ability to maintain hand hygiene				
8	Workplace environment cleanliness control				
9	Ability to avoid symptomatic people				

6. Questions you wish OH Service to answer

Before sending this referral, the manager must discuss it with the employee so that they are fully informed of the reasons for their occupational health appointment. Employees will be advised directly regarding their occupational health appointment which is likely to be a telephone consultation at the appointment.

Signed (Referrer):		Date:	
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