All areas of this form must be completed. It is important the Occupational Health Clinician is in possession of all the relevant facts. Refer to the ‘Employee Information Sheet’ for support and guidance to ensure the employee fully understands the reason for the referral. The contents of this form will be discussed during your employee’s appointment.

To make an appointment, send the completed form using business to business encryption to: AberdeenCityCouncil.gbr@Iqarus.com

To contact the booking team with any queries please phone 01224 669060

| Referrer, Company Name and Address Details |
| --- |
| Referrer Name:  |       |
| Company / Employer Name: |       |
| Company Address: |       |
| Position in Organisation: |       |
| Contact Tel. Number: |       |
| E-mail Address: |       |
| Preferred Date of Appointment: |       |
| Type of Referral: | Ill Health RetirementOH Consult / Workfit (New Referral) Active / Review Case | [ ] [ ] [ ]  (Please tick) |
| Directorate:  | [ ]  Business Services & Chief Executive - Aberdeen City Council[ ]  Health and Social Care Partnership - Aberdeen City Council[ ]  Education & Children Services - Aberdeen City Council[ ]  Infrastructure Services - Aberdeen City Council |

| **Employee Details** |
| --- |
| Full Name:       | Date of Birth:       |
| Address:       |
| E-mail Address:       |
| Daytime Telephone Number:       | Mobile Number:       |

| **Job Title** |
| --- |
| Job Title:       |
| Location of Post (address or site location):       |
| Full Time (Please tick) [ ]  | Part Time (Please tick) [ ]  |
| Number of contracted hours per week:       |
| Work rota patterns:       |

| **Description of duties and responsibilities** |
| --- |
| *Alternatively, attach job description.*       |

| **Describe physical demands of the job and work environment (please X as appropriate)** |
| --- |
| Mostly office based or computer tasks, mostly sedentary | [ ]  | Working with hazardous / toxic materials | [ ]  |
| Lone working | [ ]  | Use of hand held or machine fed power tools | [ ]  |
| Night working regularly required | [ ]  | Use of non-power hand held tools | [ ]  |
| Night working / call out may sometimes be required for operational reasons | [ ]  | Climbing ladders | [ ]  |
| Managerial / supervisory responsibilities are required | [ ]  | Climbing stairs | [ ]  |
| Manual handling and physical activity regularly required | [ ]  | Bending, stretching, reaching, kneeling, crouching | [ ]  |
| Lifting / moving small / light items | [ ]  | Key decision making is required | [ ]  |
| Lifting / moving heavy / bulky items | [ ]  |  |  |
| Other (please be as specific as possible):       |

| **Reason for Referral (please X as appropriate)** |
| --- |
| Recurrent short -term sickness absence | [ ]  | Concerns for work performance | [ ]  |
| Long term sickness absence | [ ]  | Concerns for fitness for work | [ ]  |
| Substance abuse problems (alcohol or drugs) | [ ]  | Post injury return to work fitness | [ ]  |
| Investigation of workplace illness or injury | [ ]  | Occupational exposure hazard concerns | [ ]  |
| Other:       |

| **Please describe nature of problem which has initiated referral** |
| --- |
|       |

| **Absence Details**  |
| --- |
|       |

| **Specific Advice Required (please X as appropriate)** |
| --- |
| Is the employee fit to undertake the job for which they were employed? |  | When will the employee become fit for normal work duties? |  |
| Are job restrictions or modification to normal work duties recommended, and what specifically are these? | [ ]  | ***Tick to indicate that it may not be possible for light duties to be provided for certain roles*** | [ ]  |
| Is the Equality Act 2010 likely to apply? | [ ]  |  |  |
| **Further Specific Advice Required (please X as appropriate)** |
| Is the medical problem likely to be caused or made worse by work activity? | [ ]  | Is the employee fit to attend redeployment meetings, organisational / restructure meetings? | [ ]  |
| How long should restricted work duties last? | [ ]  | Is the employee likely to have further absences due to this illness? |  |
| Is the employee fit to attend absence meetings, welfare meetings? |  | What further support can we consider for the employee? |  |
| Other (please consider relevant specific questions that will help you manage the case):       |

| **Any other factors affecting the employee’s absence from work** |
| --- |
| Please describe the details:       |

|  |
| --- |
| **Appointments are arranged as face to face or telephone consultations, however, please X if you would prefer a video consultation** |
| Video Consultation  | [ ]  |

| **Additional Recipients of whom report should be sent to** |
| --- |
| Name (Manager):       | Job Title:       |
| Contact Telephone Number:       | E-mail Address:       |
| Name (HR Advisor):       | Job Title:       |
| Contact Telephone Number:       | E-mail Address:       |
| Name:       | Job Title:       |
| Contact Telephone Number:       | E-mail Address:       |

**Referrer Declaration**

I confirm the reason and contents of this referral has been fully explained to the employee.

I confirm that the employee has been provided with Aberdeen City Council’s General Employment Privacy Notice.

I am aware that the content of this referral document will be discussed with the employee during the assessment and that a copy of this document may be given to the employee if requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  |  |  |
|  |
| **Name:** |       |  | **Date:**  |       |

**Employee Information Sheet**

**Privacy Notice**

**Data Protection Act 2018 & General Data Protection Regulation (EU) 2016**

Once complete, the information contained within this form is classed as special category or sensitive data. Iqarus processes this data under the lawful basis of contract. We require this information to place a booking and to provide valuable information around the nature of the request and required outcome.

You do not need to provide us with the information requested, however we cannot progress the booking any further without this. Iqarus will store all medical information within its secure medical management system, and it will only be accessed and processed by those staff that have explicit and reasonable need to do so. The information will be retained in accordance with Iqarus’s retention policy and where applicable statutory requirements.

We may need to share this information with a member of our occupational health network; however, we will only do this if the appointment is held in a location that Iqarus does not have a clinic. The information contained within will not be transferred out of the United Kingdom.

Anonymised data may be used by Iqarus or disclosed to others purely for the purpose of research or statistical analysis. No individual will be identified in this anonymised research.

Further information regarding Data Protection and individual rights, can be found within the Iqarus privacy policy located on our website [www.iqarus.com](http://www.iqarus.com) or through our data protection officer at dpo@iqarus.com

**What is Occupational Health?**

Occupational Health (OH) is a medical speciality that is concerned with anything relating to the impact of an individual’s health on their work and/or vice versa. We provide specialist independent advice to your employer in order for them to make informed management decisions regarding the impact of your health on your medical fitness to perform your role or the impact of your role on your health. OH does not usually provide diagnosis or treatment, which remains the remits of your GP.

**Your Referral**

You have been referred to OH by your Manager/ HR as they feel that they need specialist advice in order to assist them in supporting your attendance at work or more information regarding your sickness absence and how best to support a return to work. The full nature of this referral should have been discussed between you and your manager/HR and, if not, you may wish to do so before your scheduled appointment.

**Your Occupational Health Consultation**

The OH consultation will usually take the form of a telephone interview, but occasionally will be by face to face or video consultation. This will either be with an OH Physician or OH Nurse. During the consultation, the clinician will take a full clinical history including details about your role, your current state of health, previous medical history, medications etc. The clinician may also carry out a clinical examination, where appropriate, following the clinical history taking.

**Your Occupational Health Report**

Following your consultation, the OH clinician may compile a report to your employer giving their opinion and advice on the questions raised by your Manager, where applicable. The Manager is not bound by this advice and needs to consider it in conjunction with other business concerns. You have the option of requesting a copy of the report and can request to see the report before it goes to your employer, in line with your statutory rights. However, you cannot ask the OH clinician to change their opinion.

**Confidentiality**

Medical information held and known by the OH professional is confidential and will only be included in the report on a need-to-know basis and with your consent. An exception to this rule would only arise if the OH professional believe that keeping the information confidential would pose a serious risk to other people.

**Reports from GP and Other Specialists**

It is not always necessary for OH to request information from your GP or Specialists to inform their decisions. Where it is required we will inform you of the reason and you will be asked to provide written consent.

**Video Consult**

A video consult assessment is similar to a typical occupational health consultation in the clinic. The only difference is that communication is established via a specific software and hardware equipment. If your appointment is via video, you would have received separate information on the process and the technical requirement.