OFFICIAL SENSITIVE – PERSONAL (when completed)

Annex A to LEC Notice No 46

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| --- | --- | --- |
| ARMY (Colour) |  | First Name and Surname  Job Title  1st Line of Address  2nd Line of Address  Town/City  Postcode |
| Unit Address |  |  | |
|  |  | **Tel:** (Mil.)  (Std) |
|  |  | **Email:** |
|  |  |  |
|  |  | **Date:** |

**OCCUPATIONAL HEALTH REFERRAL**

Dear *(Insert employee’s name here)*

1. I am writing to ask your permission to seek Occupational Health (OH) advice on your behalf. This advice will be provided by the MOD’s commercial partner, OH Assist. I am making the referral because:

*(*delete as APPROPRIATE AND give further detail if possible.)

a. I am concerned that your health is affecting your work performance/attendance.

b. You have a medical certificate with a diagnosis of a psychologically- related/musculoskeletal condition, with no clear return to work date

c. You are on sickness absence with no clear return to work date.

d. I am concerned about your irregular attendance/frequent, short-term sickness absences and I want to identify and address any underlying health issues.

e. We need to arrange **Reasonable Adjustments** for you at your workplace.

*(*DELETE THE FOLLOWING PARAGRAPH IF THE REFERRAL IS FOR HEALTH SURVEILLANCE OR A MEDICAL ASSESSMENT.)

1. Once I have made the referral, OH Assist will contact you to arrange a consultation, which is likely to be conducted over the phone. This is quicker and makes better use of work time, and with most conditions a face to face consultation would not provide any more relevant information to the OH practitioner. Face to face consultations are usually required for only the most complex cases or where it is felt a phone consultation would not be appropriate, or where mandated by Health and Safety legislation. The consultation will not diagnose conditions or provide treatment – this remains the responsibility of your GP or specialist. The aim of the consultation is to provide me with OH advice tailored to your specific condition to enable me to support you to perform in your job / comply with health and safety legislation. (DELETE AS APPROPRIATE.)

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1. You should expect the following:
2. If appropriate, OH Assist may ask you for permission to seek medical information from your GP or specialist. This data will not be available to either the LSU or me.
3. The referral and any subsequent consultations will be during normal daytime working hours, and are an official duty. You may need to talk to an OH Practitioner on the phone (which could be at home), give your consent to the OH Practitioner seeking advice from your GP or Specialist, or attend a consultation at a medical centre at a convenient location for you, or at home if travelling is difficult. Travel or subsistence will be paid by the MOD.
4. You must attend appointments unless any medical conditions prevent you from doing so – if so you must give me at least 48 hours’ notice. I may take misconduct action if you fail to attend a consultation without informing me or OH Assist.
5. The OH Practitioner or physician will tell you what advice they will be giving to me, and will give you a copy of this advice. The advice will not contain any detailed medical information. If you disagree with the content, this will be noted in the report.
6. Throughout the process, please bear in mind that it is in your interest to cooperate with the OH Practitioner, as otherwise I will have to make a decision without the benefit of professional OH advice.
7. If you wish to withhold your consent to a referral to an OH Practitioner please let me know immediately in writing.
8. Finally, if you wish you may request details of your personal medical information held by OH providers using MOD Form 1694: Subject Access Request (SAR) Form.

Yours sincerely

*(Insert your name)  
(Insert your designation)*