EMPLOYEE NAME

ADDRESS

DATE

Dear [NAME]

**Occupational Health Assessment**

We wish to refer you for an Occupational Health assessment for advice to be provided on how your health and work interact.

In particular, we wish to obtain a report in order to:

* assess your fitness for and likely return to work;
* establish if there is any underlying health reason for your frequent absences from work;
* plan the work in your department, and assess the impact of your absence from or resumption of duties on workflow and resources;
* assess the effect of your condition on your day-to-day activities;
* consider the range of reasonable adjustments the Diocese may need to make;
* consider any short-term measures the Diocese can put in place for a phased return to work;
* administer sick pay;

You do not have to agree to this assessment but should you decline the offer the matter will be managed with the information available and without the benefit of medical advice

Health information is classed as sensitive personal data , which is regulated in law by the UK GDPR & Data Protection Act 2018. Therefore the attached form assists in compliance with these requirements. The Access to Medical Reports Act 1988 does not apply in relation to this Occupational Health assessment as the professional who examines you is not responsible for your clinical care; instead the professional is acting as an independent Medical/Nurse Adviser.

If you consent to an Occupational Assessment, following the assessment, a report will be sent to your Manager and / or named HR contact. The content of the report will be explained to you during the Occupational Health consultation and you will be offered the opportunity to see the report before it is sent your Manager / HR contact.

You are given the option in the below consent form to see a copy of report before it is sent to us.

In some circumstances, we may need to ask the Occupational Health practitioner for clarification following receipt of a report. You are asked in the attached consent form whether you agree to us seeking such additional clarification that is required.

You are asked to complete the enclosed consent form and return it to me by [DATE].

If you have any queries about the content of this letter, please let me know.

Yours sincerely

NAME

JOB TITLE

**Consent Form**

**Employer’s Details:**

Name of Company:

Name of referrer:

Reason for referral: [Insert details – ensure that it is consistent with the letter]

**Employee’s Details:**

Title:

Forename(s): }

Surname(s):

Date of Birth:

Job Title:

Address:

Home Telephone Number:

Mobile Telephone Number:

**Employee’s Consent**

I confirm that:

• I [do not]\* consent to the Occupational Health Practitioner producing a written report for my employer on my medical condition;

• I [do not]\* agree to undergo examination by the Occupational Health Practitioner if necessary to enable him/her produce such a report with the benefit of up-to-date information on my medical condition;

• I [do not]\* agree to the Occupational Health Practitioner discussing his/her findings with my employer after producing their report;

• I [do not]\* wish to see a copy of the medical report before it is supplied to my employer and I am willing to pay the Occupational Health Practitioner’s reasonable fee for sending me a copy of the report;

•I acknowledge that in preparing the medical report, [providing a copy to me and taking account of any comments I may have]\*, providing the report to my employer [and discussing it with my employer\*], the Occupational Health Practitioner will be processing personal data and special categories of personal data relating to me, and I [do not]\* consent to this processing of my personal data and special categories personal data by the Occupational Health Practitioner for the purposes of the UK GDPR & General Data Protection Regulation and the [Data Protection Act 2018](https://www.lexisnexis.com/uk/lexispsl/employment/docfromresult/D-WA-A-BCY-BCY-MsSWYWD-UUW-UZEYAAUUW-U-U-U-U-U-U-ACZBZBVYYU-ACZAWACZYU-DBZDYYEUC-U-U/3/linkHandler.faces?psldocinfo=Medical_____report_during_employment__employer_s_doctor__employee_consent_form&linkInfo=F%23GB%23UK_ACTS%23num%252018_12a_Title%25&A=0.20008275246672247&bct=A&risb=&service=citation&langcountry=GB).

\* employee to delete as applicable

Signed:

Date: