

Job Sharing Partners:

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Daisy Villa Medical Centre
St Margaret's Hope
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In assessing any employee referred for a medical opinion and reporting to his/her employer, it is important that the Occupational Physician is in possession of all the relevant facts. Please complete the following sections legibly.

To make an appointment, please phone 01856 831206. Then post or fax this form to Daisy Villa Medical Centre at the above address.

EMPLOYEE'S DETAILS
Name:.....Date of Birth:..... Address:..... Postcode:.....Telephone No:.....
EMPLOYER'S DETAILS
Name of Company/Organisation:..... Address:.....Postcode:..... Telephone No:.....Fax No:.....
EMPLOYMENT DETAILS
Present Job Title:.....(FULL TIME/PART TIME) Principle Duties of Post (a copy of job description would also be helpful):

.....
 Length of time in current post:.....

NATURE OF THE PROBLEM WHICH HAS INITIATED THIS REQUEST
 Describe the problem chronologically and any other relevant facts such as associations with certain aspects of the job or days of the week. Continue on a separate sheet if necessary.

SICKNESS ABSENCE DETAILS
 Please detail past absences for as long as you think relevant or for the last year. Continue on a separate sheet if necessary. SC=Self Certificate MC=Medical Certificate

DATE	DAYS ABSENT	REASON	SC or MC	DATE	DAYS ABSENT	REASON	SC or MC

SPECIFIC ADVICE REQUIRED
 e.g. Is the employee fit for his/her job in the near future or ever? What sort of work is the employee fit for? Does the employee have an occupational illness?

Name of Referring Manager (including title) to whom report should be sent (please print):

Address of Referring Manager:.....

Telephone Number of Referring Manager:.....

I consent to additional cost being incurred (e.g. blood tests or medical reports) if clinically necessary for full assessment of the case:
 No Yes (optional- Up to £_____) without contacting the referring manager.

I confirm that the reason for referral to Occupational Health has been fully explained to the employee.

Signature.....Date.....