

Job Sharing Partners:

Dr Catriona Kemp
Dr Simon Kemp

Practice Manager:

Lorna Whyte

Dr S & C Kemp

Daisy Villa Medical Centre
St Margaret's Hope
South Ronaldsay
Orkney
KW17 2SN
Tel: (01856) 831206
Email: ork.dvoh@nhs.scot

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 email this completed form to ork.dvoh@nhs.scot or post it to Daisy Villa Medical Centre at the above address.

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| 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 |
|------|-------------|--------|----------|------|-------------|--------|----------|
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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.....