



**SELF- REFERRAL FORM**  
**Request for Occupational Health Advice**

**STRICTLY PRIVATE & CONFIDENTIAL**

SECTION 1	YOUR DETAILS
Full name: Title: Date of birth: (mandatory) Staff ID no: (mandatory)	
Home address: Postcode: Contact tel. no: Mobile:	

SECTION 2	YOUR EMPLOYMENT DETAILS
Job title: School/Institute: Location: Work e-mail: Work tel no: Date of appt. to present post: Work pattern: (Details of shift) Hours of work: Driving activity required as part of employment:	HGV/Car/Other/None

**Please include information about any significant aspects of the job which the Occupational Health Adviser or Physician should be aware of.** (complete as attachment if required)

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<b>SECTION 2</b>	<b>REASON FOR REFERRAL</b>
Please include any information which you feel may assist the Occupational Health Unit in making an assessment of your referral, along with any relevant documentation you feel may assist.	

<b>SECTION 4</b>	<b>ABSENCE</b>			
Are you currently absent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fit Note/Medical Certificate:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason given for current absence:	<input type="text"/>			
<b><u>If applicable please note below any advice for a return to work as given on the Fit Note</u></b>				

<b>SECTION 5</b>		<b>CONFIDENTIALITY</b>	
<p>The Occupational Health Unit is staffed by registered health practitioners and provides a confidential service. This means that personal information is treated in medical confidence, and not passed on unless the employee gives consent. The exception to this is if information is passed on which is considered to pose a significant risk to your health and safety or that of others: this will be discussed with you prior to provision of information. For more information on consent see: <a href="http://www.ed.ac.uk/schools-departments/health-safety/occupational-health/about/professionals-tandards">http://www.ed.ac.uk/schools-departments/health-safety/occupational-health/about/professionals-tandards</a></p>			
<b>I confirm I have read the statement above.</b>			
Signature:		Date:	

If you require further guidance, please telephone on: 0131 650 8190, indicate your area of work and ask to speak with the Occupational Health Adviser for the area.

Please send the completed referral form electronically to; [Occupational.Health@ed.ac.uk](mailto:Occupational.Health@ed.ac.uk)  
 Or alternatively send it in a sealed envelope marked strictly private and confidential to:

**The Occupational Health Unit  
 Drummond Street Annexe  
 Drummond Street**

**For further referral guidance please refer to;**

<http://www.ed.ac.uk/schools-departments/health-safety/occupational-health/staff/attendance-management/self-referral>

**Please attach any other relevant information**