APPENDIX 19E – EMPLOYERS’ HANDBOOK *(Remove comments in red and insert details for individual employee in areas highlighted in grey.)*

**REQUEST TO EMPLOYEE'S GP FOR MEDICAL ASSESSMENT**

Doctor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER IF THERE IS LIKELY TO BE ANY DELAY IN REPLYING**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re:

Name in full \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To administer Statutory Sick Pay, and the Company's Sick Pay Scheme, and plan the work in the department, it would be helpful to have a report on your patient, who is our employee.

His/her work as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has the following major features:

\*Management responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Seated/standing/mobile

\*Light/medium/heavy effort required

\*Day/shift/night work

\*Clerical/secretarial duties

\*HGV/medium/private driver

\* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete as appropriate

The attendance record for the past year is summarised as:

Total days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have your patient's permission to enquire:

* What is the likely date of return to work?
* Will there be any disability at that time?
* How long is it likely to last?
* Is there any underlying medical reason for this attendance record?
* Is he/she likely to be able to render regular and efficient service in the future?

In accordance with Part III of the Access to Personal Files and Medical Reports (NI) Order 1991 your patient has been advised of his/her rights under the Order and has consented in writing to you supplying a report. A copy of the consent supplied by him/her is enclosed and this indicates that he/she does\*/does not\* require access to your report before it is submitted to us.

Is there any specific recommendation you wish to make about him/her which would help in finding him/her an alternative job, if that is necessary, and if there is an opportunity for redeployment or any reasonable adjustment that we could make to enable him/her to do his/her job?

Thank you for your assistance in this matter.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_