	<b>UNIVERSITY OF CAPE TOWN</b>		
	<b>Management Referral Forms</b>	Reference Number	<b>HS14</b>
		Implementation Date	05 March 2025
		Rev / Amendment No	01
		Rev / Amendment Date	07 October 2025

<b>Management Referral Form</b>
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A key purpose of an occupational health assessment report is to provide information about an employee's ability to perform their role. Your referral may be in relation to either of: (kindly select (✓) an option)

Option <b>1</b>	<input type="checkbox"/> UCT's routine risk management strategy, where proactive <b>risk-based medical screening</b> is conducted on employees in specified occupations according to their Occupational Risk Exposure Profile (OREP)	<b>Contact:</b> <b>Occupational Health</b> Email: <a href="mailto:ohclinic@uct.ac.za">ohclinic@uct.ac.za</a> Tel: 021 650 3873 / 2021
Option <b>2</b>	<input type="checkbox"/> An employee has a health condition that may be affecting their ability to do their job safely ( <b>job fitness</b> ) or that some work activities appear to have a detrimental effect on the employee's health ( <b>possible occupational disease</b> ).	
Option <b>3</b>	<input type="checkbox"/> High levels of sickness absence and / or poor job performance because of a health condition, as part of the process of managing <b>employee incapacity</b> .	<b>Contact:</b> <b>Org Health: HR</b> Email: <a href="mailto:Susan.Williams@uct.ac.za">Susan.Williams@uct.ac.za</a> Tel: 021 650 4376

Once completed please send the form to the appropriate resource as per the above options, as an attachment to an email, on the understanding that the following guidance is followed:

1. The email subject line must not contain any confidential information about the employee. Please state Occupational Health referral in the email subject box.
2. The confidential email must only be shared with the employee and named departmental / HR professional; not forwarded on to any other person without the consent of the employee.

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Unit as part of the individual's occupational health record.

### 1. Referrer details

Name of person making the referral: .....

Position: .....Department: .....

I am referring the following person for an occupational health assessment having fully explained and discussed the process with them by telephone / meeting / letter (*please indicate which*).

Signature: .....Date: .....

### 2. Employee details

Name: ..... Title: .....

Email:.....

Date of starting employment with the University of Cape Town: .....


Date of appointment to present post (if different): .....

### 3. Job details

Job Title: .....

Position type: ☐ PASS Staff ☐ Academic ☐ Student.

Line management responsibilities: ☐ Yes ☐ No

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Work pattern: ☐ Full-time ☐ Part-time ☐ Remote work is possible ☐ Other (*Please specify*)

Overtime: ☐ None ☐ Occasional ☐ Regular

Place of work

Name of Line Manager (if different to person making the referral):

#### 4. Reason for referral & supportive documents

Please include relevant supporting information, as per reason for referral.

*Please include management support taken to date, return to work or other meetings, reduced hours etc. Where relevant, please enclose details of sickness absence for the last twelve months e.g., number of days per occasion, reasons for absence.*


*Use a separate sheet if necessary.*

<b>Referral option 1 or 2 (see beginning of this form)</b>	
<input type="checkbox"/> OREP (Occupational Risk Exposure Profile).	<input type="checkbox"/> Job Description.
<input type="checkbox"/> Other:	
<b>Referral option 3 (see beginning of this form)</b>	
<input type="checkbox"/> Sick leave profile.	<input type="checkbox"/> Relevant Medical Certificates and Reports.
<input type="checkbox"/> Attendance / job performance issues. Please answer the questions in section 6 below.	
<input type="checkbox"/> Other:	

#### 5. Referral option 1 or 2 only: Job demands/exposures

Please tick relevant boxes. Where possible, **please supply a completed OREP.** ☐

Deskwork		Computer work		Work pressure e.g. <i>tight deadlines</i>	
Work at heights		Work in confined space		Prolonged Standing	
Operating machinery		Driving (passengers)		Driving (code EB) Driving (code EC)	
Lifting and carrying		Ionising Radiation		Non-ionising Radiation (eg UV)	
Exposed to Noise		Hot environment		Vibration	
Chemicals		Mineral dusts (Asbestos)		Cold environment	
Biological agents				Respiratory sensitisers	
Clinical work		Mineral dusts (Silica)		Respiratory Pathogens (eg	
Body Fluids		Sewage / dirty water		Tuberculosis	

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Lone working		Working remotely			

## 6. Referral options 2 or 3 only: Referral questions

Please indicate which questions you would like guidance on from Occupational Health (OH) – *please consider carefully and tick only the relevant questions.*

- 6.1 ☐ Is there an underlying health condition that may affect attendance or performance?
- 6.2 ☐ Is there any evidence that the work environment is contributing to the sickness absence/ill health problem?
- 6.3 ☐ When is she / he likely to return to work?
- 6.4 ☐ Is there any additional help / treatment that you could recommend?
- 6.5 ☐ If and when the person returns to work, will they be able to carry out the duties detailed in section 4 and on their job description?
- 6.6 ☐ In your opinion, do the disability criteria of the Employment Equity Act apply in this instance?
- 6.7 ☐ In your opinion should the employee be able to provide reliable and consistent future attendance?
- 6.8 ☐ Are there any modifications / restrictions to the work, equipment or workplace, which may enable the individual to do their job?

**If yes** a) please specify what modifications should be made.

.....

b) for how long these modifications should continue.

.....

- 6.9 ☐ Is there a need to seek alternative employment? If yes are there any specific recommendations

e.g., no lifting, working at heights, climbing etc.

- 6.10 ☐ If unfit to return in the foreseeable future, would you recommend retirement on health grounds, if the employee is eligible under the pension scheme?

**Any additional questions: - (eg working from home)**

.....


## 7. Referrer's checklist

- ☐ I have explained the reason, nature and likely consequences of the referral to the member of staff.
- ☐ If the referral is made by HR, please indicate whether the individual has agreed for their line manager / supervisor to have access to the report.

## 8. Referral Response

Following discussion with the individual, a copy of the report should be sent to:

Department / Line Manager (please indicate who): .....

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HR (please indicate who):.....

Address HR copy of the report should be sent to:

.....

## 9. Appointment arrangements

Please indicate where the Occupational Health appointment details should be sent:

☐ to the member of staff

☐ to the member of staff via the referrer

## 10. Employee information

Your supervisor and / or named HR contact wishes to obtain advice from the University Occupational Health Service for the reasons detailed at the beginning of this form.

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. Should you decline a referral for you to obtain a medical certificate of fitness for your job in compliance with Occupational Health law, this may impact your employment in that job.

Following the assessment and with your informed consent, a report may be sent to your supervisor and / or named HR contact. If so, the content of the report will be explained to you during the consultation with Organisational health or Occupational Health, as the case may be. You will be offered the opportunity to see the report before it is sent to the recipient. Medical details will only be included in the report if it will benefit you and if you have specifically agreed to this; otherwise, the report will be focused on the impact of the health problem at work and specific recommendations.

## 11. Employee consent

The reason and nature for the occupational health referral has been explained to me by my supervisor and / or named HR contact and I agree to undergo an occupational health assessment.

**Signature of employee:** ..... **Date:** .....

### Office use only:

OHP appointment ☐ Tel consultation ☐

OHNP / OMP (circle) Name: .....

Signature: ..... Date .....

Date of first OH appointment offered: .....