**To:** **Cc:**

**Employees Name: DOB:**

**Faculty/Directorate:**

**Work Location:**

**Date of Referral to Occupational Health (OH**):

**Date of last OH Review:**

**Date of OH Review / OH Physician’s Appointment:**

***This form has been developed so that managers can provide up-to-date information on the progress the employee is making from a management point of view, prior to the next scheduled OH review. The information provided will inform the review.* Update from Line Manager:**

Please:

* Give details of any new concerns
* Provide information on any additional sickness absence since the last review
* Please include any new or additional management questions you have

***\* Please confirm the update been discussed with the employee Yes / No***

**Outcome of Review – For Completion by OH Adviser**

***The employee is aware the suggested return to work plan provides a framework for discussion with their Line Manager who is responsible for agreeing the plan.***

**Signed:** **Date:**

Occupational Health Adviser

**Copies:** LM, Employee, HR Co-ordinator,