

# Occupational Health Report

Confidential

Company Name	[REDACTED]
Referrer Name:	[REDACTED]
Employee	[REDACTED]
DoB	[REDACTED]

Thank you for your recent referral. Following an appointment with one of our clinicians, please find below the report.

## Summary

Date of consultation	12th Sep, 2018 11:00 am
Date of report	12th Sep, 2018 12:12 pm

Type of consultation	OH Advisor Teleconsultation
Reason for referral	Long term absence
Outcome	Fit with recommended adjustments
Anticipated return to work	Currently at work
Disability legislation	Likely to apply
Review/Recall	No review recommended
Consent	Consent to release, with copy at same time
Employee email	[REDACTED]
Employee Address	[REDACTED]
Street Address 2	[REDACTED]
City	Wolverhampton City
County	[REDACTED]
Postcode	[REDACTED]

**Background**

Thank you for your referral of the above named employee whom I consulted today for an initial assessment. [REDACTED] gave his verbal consent to the following information and is aware of the content of the report. He has requested to receive a copy of this report at the same time as their employer.

[REDACTED] Mr. Darnell is a full time Creative Services Technician who has been in post for the last 4.5 years now. He was referred after an absence from work on the 14th August 2018, which was triggered by gastric pain; his symptoms were discussed with his rheumatologist in February 2018, when a decision

was taken to stop his biweekly anti-inflammatory injections which did not resolve his symptoms.

At the end of May 2018, following a one year history of gastric pain, [REDACTED] was definitively diagnosed with diverticulitis, and a decision was taken by his gastroenterologist to perform a Hartmann's procedure to remove a section of the bowel; due to this being open rather than keyhole surgery, the recovery period was prolonged and a reversible stoma was formed, which is self-managed under the care of the specialist stoma nurse.

#### Fitness for work

[REDACTED] resumed work on the 10th September 2018 and since resuming his treatment for psoriatic arthritis on the 3rd September 2018, his knuckles and fingers on both hands have become less swollen, stiff, and painful; in terms of the management of his stoma, his specialist nurse was happy with his progress last week and she will review him again on the 25th September 2018. He will have a follow-up appointment with his gastroenterologist on the 23rd October 2018.

[REDACTED] has not experienced any gastric pain since his surgery and is learning to self-manage his new stoma but has contracted a urinary infection, which he is managing with appropriate treatment requiring access to public conveniences at short notice; he anticipates that this will be the case until the week commencing 24th September 2018.

#### In your opinion is the employee fit for their full duties

In my clinical opinion, which is based on the employee's condition since resuming work and their current treatment, the employee is fit for restricted duties with the recommendations outlined under the relevant section of my report.

#### In your opinion is the employee likely to have further absences due to this illness

Aside from the current post-operative complications which are still undergoing clinical investigations, the nature of the condition is such that once fully recovered, there is no reason why the employee should not provide regular attendance into the future.

#### Is this condition likely to be considered a disability as described in the Equality Act 2010

The employee's physical condition is likely to have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities without treatment at this stage, although ultimately this would be a legal and not a medical decision.

#### What is the likely return date to work

[REDACTED] resumed restricted duties on the 10th September 2018.

#### Upon returning to work are there any restrictions on their ability to carry out their duties and for how long

In my clinical opinion, the employee would benefit from the following restrictions:

No manual handling of any loads above 2-5kg, or working in confined spaces, for the next 10-12 weeks.

No travel to sites by public transport until his urinary infection has resolved the week commencing 24th September 2018.

My advice to the employee is that they are responsible for their own safety and to inform their manager if they feel that they are unable to perform their duties safely, preferably before they do so.

#### Do you recommend any modifications or adjustments to the workplace and for how long

In addition to my recommended restriction above, I would also highlight that the employee has declared a medical condition, which is currently being investigated; therefore time off work to attend hospital or GP appointments may be required.

I would also advise that once [REDACTED] is fit to resume his full duties, having the option to work from home (if operationally viable) may enable him to better manage the post-operative complications following his surgery. My comments are from an Occupational Health perspective and I fully accept that the availability of adjustments is a matter for the business to consider.

#### Recommendation

In my clinical opinion, the employee would benefit from the following restrictions for the following timeframes:

No manual handling of any loads above 2-5kg, or working in confined spaces, for the next 10-12 weeks.

No travel to sites by public transport until his urinary infection has resolved the week commencing 24th September 2018.

My advice to the employee is that they are responsible for their own safety and to inform their manager if they feel that they are unable to perform their duties safely, preferably before they do so.

In the meantime, I do hope the above information has been of assistance to you. However, please do not hesitate to contact me should you wish to discuss this report further.

**Please contact us on [resolve@honeydew-health.com](mailto:resolve@honeydew-health.com) if you require any further information.**

Yours sincerely



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