|  |  |  |  |
| --- | --- | --- | --- |
| Employee name: | Employee number: | Sentinel number (if applicable): | Work location: |
| Job role: | Date: | Name of manager completing: | |
| Occupational health diagnosis/Disease or health concern, including physical, mental or social: *(Delete as appropriate)* | | | |

This document forms a record of discussions that have taken place, together with control measures implemented by Network Rail as a safeguard regarding the individual employee’s health and wellbeing. It should be signed by the line manager and employee, with copies maintained for records and reviewed at agreed dates.

|  |  |
| --- | --- |
| Work status (in work, restricted duties, restricted duties recommended, absent, etc.): |  |
| Outcomes identified at medical assessment (if appropriate): |  |

Action plan

| Risk area and discussion points | Agreed action (including accountabilities and responsibilities) | Review period/date |
| --- | --- | --- |
| **Training and understanding:**   * Discuss employee understanding of diagnosis/health risk assessment * Ensure leaflets/posters and web info accessible and seen |  |  |
| **Review of control measures/‌interventions:**   * Discussion about working practices to reduce risk and identify controls to be implemented. |  |  |
| **Medical review plans:**   * Discuss any OH recommendations relating to employee * Action any additional medical suggestions |  |  |
| **Any other comments:** |  |  |

The above action plan has been discussed and agreed. Review dates will be as indicated. Action plan review date:

Signature of employee:

Name of manager:

|  |  |
| --- | --- |
|  | Copy to Occupational Health and Wellbeing Manager *(please tick)* |
|  | Copy to HRSS *(please tick)* |
|  | Copy to employee *(please tick)* |