|  |  |  |  |
| --- | --- | --- | --- |
| 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)* |