

METROPOLITAN BOROUGH OF CALDERDALE**MEDICAL REFERRAL FORM - SCHOOL CROSSING PATROL**

Name of employee/new starter:.....

Job Title:..... **School Crossing Patrol - Part Time**.....Service: **Economy and Environment**

Date of Birth:

Date of commencement of employment with Authority:

Name and address of employee's GP:

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..... Tel No of GP:

Employee's address:

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Employee's Home Telephone Number:.....

1. Job Description enclosed
2. Declaration of Health

School Crossing Patrol Medical

Checkup for new starter/employee over 65 years old including:

- a) a sight check
- b) a hearing check
- c) general fitness for purpose of crossing a road carrying the pole

Service Contact (for CALDERDALE METROPOLITAN BOROUGH COUNCIL internal use only):

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Date MR2 forwarded to CORPORATE LEAD FOR HR by Service:

OFFICE USE ONLY

HR Contact:..... CATH BUTTERWORTH..... Ext: 01422 288303

Date of referral to Occupational Health Unit:

Date of appointment with Occupational Health Unit

Action:

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