

**METROPOLITAN BOROUGH OF CALDERDALE**  
**MEDICAL REFERRAL FORM (CONFINED SPACES)**  
**PRIVATE & CONFIDENTIAL**

**SECTION A – TO BE COMPLETED BY REFERRING DIRECTORATE**

<b>Name of Employee:</b>			
<b>Employee's Home Address:</b>			
<b>Employee's Home Telephone Numbers:</b>	<b>Landline:</b>		
	<b>Mobile:</b>		
<b>Date of Birth:</b>			
<b>Job Title:</b>			
<b>Directorate/Service/School:</b>			
<b>Manager's Name:</b>			
<b>Manager's Contact Telephone No:</b>			
<b>Manager's Email Address:</b>			
<b>Employment Start Date with Calderdale Council:</b>			
<b>Employee No:</b>		<b>Hours Worked Per Week:</b>	
<b>Member of Superannuation Scheme:</b>	YES / NO (please delete as appropriate)		
<b>Name &amp; Address of Employee's GP:</b>			
<b>GP's Telephone No:</b>			

**Medical required related to working in confined spaces**

**SECTION B – TO BE SIGNED BY THE EMPLOYEE (AFTER THEY HAVE READ THIS COMPLETED FORM)**

<b>I have read and have had the opportunity to discuss the reasons for this referral. I understand the purpose of this referral to the Council's Occupational Health Service</b>	YES / NO (please delete as appropriate)		
<b>Signature:</b>		<b>Date:</b>	
<b>HR Adviser:</b>		<b>Ext No:</b>	
		<b>Date:</b>	