Employee Referral Form

EHA Employment Health Advisors Ltd.

Ballinacurra House,

Ballinacurra,

Limerick.

Telephone Number: 061-303975

Fax Number: 061-303994

|  |  |
| --- | --- |
| Company Name: |  |
|  |  |
| Company Address: |  |
|  |  |
| Company Contact Person: |  |
|  |  |
| Company Phone Number: |  |
|  |  |
| Company Contact email |  |
|  |  |
| Referred Employee Name |  |
|  |  |
| Referred Employee Address |  |
| Date of Birth: |  |
| Contact Telephone Number: |  |
| Job Title: |  |
| Date last at work: |  |
| Job Description: |  |
| Reason for Referral please indicate if problem is work related: |  |
|  |  |
| **Specific Questions to be Answered**  **For example** |  |
|  | Yes No |
| Is the person fit or unfit for duty? |  |
|  |  |
| If the employee is unfit, is it work related. |  |
|  |  |
| Is the person fit for modified duty: |  |
|  |  |
| If so, what modifications do you suggest? |  |
|  |  |
| What is the normal length of time off for such a condition. |  |
|  |  |
| Additional Information: |  |
| Referring Persons Name: |  |
| Date: |  |