



## Sample Occupational Health Reports

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## 1. Pre-placement advice. Logistics coordinator with dyslexia.

Thank you for referring Mr SC for a pre-placement occupational health assessment after he revealed a medical problem in his confidential pre-placement questionnaire.

He is being considered for the role of Logistics Coordinator, working 37.5 hours per week, subject to medical clearance.

I reviewed him by telephone on 4 January 2026. We discussed the job requirements, his health, and this advice. I obtained his consent to send you this report after he reviewed a copy in accordance with medical consent guidelines.

Mr SC disclosed having moderate dyslexia, a lifelong neurodevelopmental condition that affects his reading and writing speed and effectiveness. He copes well with strategies he has developed, but may find written reports and detailed paperwork challenging, especially under time pressure, and might have difficulties with spelling. He has previously worked successfully in similar roles and reports no other health issues impacting his work.

### Fitness for work

In my opinion, Mr SC is medically fit for the role of Logistics Coordinator, preferably with workplace adjustments to support his difficulties:

- Allocate an additional 20% time to training.
- Provide clear, structured instructions, ideally with bullet points rather than lengthy written documents. Providing task lists, written summaries, or recordings of meetings would also be beneficial.
- After consulting your IT department, consider providing assistive technology, e.g., text-to-speech tools, speech-to-text software for report writing, dyslexia-friendly fonts (such as Arial, Verdana, Open Dyslexic), and background colours. He would also benefit from using spell checkers (e.g., Grammarly), templates, and checklists for routine paperwork.
- Allow extra time to complete and check written documentation.

If required, you may discuss the practical solutions with your health and safety advisor or invite an occupational therapist with special interest in learning difficulties.



Notwithstanding this advice, he may contact the Access to Work programme for further support.

I hope this advice will help you manage your Employee's condition at work. However, the Employee is aware that medical recommendations are only advisory and that you may or may not be able to accommodate them depending on your operational requirements.

## Prognosis

Dyslexia is a lifelong learning difficulty which can often be managed with appropriate workplace adjustments. Mr SC has demonstrated a successful employment history and adaptations, and I am optimistic about his capacity to sustain his current role, preferably with the recommended adjustments.

## Equality Act 2010

The impairment is long-term but has not caused a substantial adverse effect on normal day-to-day activities. Therefore, in my opinion, the disability provisions of the Equality Act may not apply. Ultimately, however, this is a legal rather than a medical determination.

## Follow-up

No routine occupational health follow-up is required.

**Yours sincerely,**

**Dr XYZ, Occupational Health Physician**

## 2. Return to demanding work after workplace stress

Thank you for referring Ms AA, a 42-year-old team leader in your customer service centre, employed full-time for 8 years. I reviewed her at my Bristol OH clinic on 12 August 2025, where we discussed your referral letter, her health and the outline of this advice. I obtained her consent to send you this report after she reviewed a copy in accordance with the medical consent guidelines.

Ms AA was referred after 2 months' sickness absence with work-related stress and anxiety.

### Current situation

Ms AA reports several months of rising stress, poor sleep, and rumination and worry about work. She attributes these difficulties to workplace pressures, including an increased workload during recent business changes, frequent staffing gaps, multiple meetings and performance pressures in her demanding role.

Her GP diagnosed anxiety and started a standard antidepressant 2 weeks ago, and she continues NHS talking therapy, focusing on coping strategies. Current treatment is appropriate. If there is no clear improvement over the next 4–6 weeks, a GP review of medication and treatment plan would be sensible.

I have given her evidence-based information on effective self-help mechanisms, including regular physical activity and online resources, including

- Online CBT programmes via SilverCloud (accessible via the GP):
- NHS mental health service search: <http://www.nhs.uk/service-search/mental-health/find-an-nhs-talking-therapies-service>
- NHS self-help therapies: <http://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies>
- Mind information and support: [www.mind.org.uk/information-support](http://www.mind.org.uk/information-support)
- NHS mental health apps library: [www.nhs.uk/apps-library/category/mental-health](http://www.nhs.uk/apps-library/category/mental-health)

### Fitness for Work

Ms AA is not yet fit for her full team leader role. With her current symptoms, she would struggle to manage the role demands. I suggest 3–4 more weeks of rest, treatment, therapy, and self-help, followed by a return-to-work meeting to discuss this report and agree on the plan moving forward.



Workplace matters need to be tackled at the source (at work itself) while your Employee is working on her symptoms and resilience.

To this end, I recommend a formal risk assessment of workplace stress, focusing on the demands, support, and role domains of stress at work, in line with the HSE stress management standards. To carry out the assessment, the manager may refer to your organisational policies or review the HSE guidance at [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress), including the Indicator Tool at <https://www.hse.gov.uk/stress/assets/docs/indicatortool.pdf>. The risk assessment may help the manager identify, explore, and address modifiable psychological triggers at work, as much as practicable.

With the stress assessment in place, you may consider the following temporary adjustments (subject to operational feasibility):

- A phased return, starting with three non-consecutive 5-hour days per week without emotionally demanding tasks and building up to full hours over 4 weeks, would allow time to rebuild tolerance and reduce relapse risk.
- Temporary reduction in stressful duties (for example, complex HR and disciplinary work) during the first 4 weeks, with a focus on routine tasks and written work rather than challenging face-to-face meetings, would support recovery.
- Protected time in the diary for administrative work would reduce last-minute pressure and allow her to pace the workload.
- Regular supportive meetings with her manager (for example, fortnightly) would help review workload, acknowledge progress, agree priorities, and promptly respond to any new difficulties.

It is hoped this advice will help you manage your Employee's condition at work and reduce the risk of relapses. However, the Employee is aware that the medical recommendations are only advisory and that you may or may not be able to accommodate them depending on your operational expectations and restrictions.

### Prognosis

With effective stress management, treatment, and counselling, the outlook is favourable, and a sustained return is realistic. If the underlying work pressures are not addressed, she will remain at risk of relapse.

### Equality Act 2010

The Equality Act definition of disability requires a physical or mental impairment with a substantial and long-term adverse effect on normal day-to-day activities. Based on the current duration and presentation, the Act may or may not apply. This should be reviewed if



symptoms persist or recur over time. Ultimately, as you know, this is a legal rather than medical determination.

### Follow-up

A routine occupational health follow-up appointment is not required at this time. However, if new medical issues arise, please refer your Employee again for an updated occupational health opinion.

**Yours sincerely,**

**Dr XYZ, Occupational Health Physician**



### 3. Return to manual work after absence with low back pain

Thank you for referring your Employee, Mr BB, a 46-year-old warehouse operative, employed full-time for 10 years in a manually demanding role. He was referred to occupational health after 8 weeks' absence with low back pain following a twisting incident at work.

I examined him at your site on 9 July 2025, where we discussed your referral letter, his health and the outline of this advice. I obtained his consent to send you this report after he reviewed a copy in accordance with the medical consent guidelines.

#### Current situation

Mr BB describes several years of intermittent low back pain, which he has usually managed himself, with a marked flare after lifting and twisting to free a stuck pallet on 11 May 2025. MRI has shown age-related wear and tear without serious spinal disease. He is now able to walk and drive for up to 30 minutes, but reports increased pain after longer periods of sitting, standing, or walking without a break.

He continues treatment with moderate painkillers and physiotherapy and regular home exercises, with good response. This is a suitable treatment, and the symptoms are expected to continue to improve over the coming weeks. The risk of relapses can be managed with ergonomic work and long-term back exercises. I have provided him with information on evidence-based back pain management and reputable sources of information:

- [www.versusarthritis.org/about-arthritis/conditions/back-pain](http://www.versusarthritis.org/about-arthritis/conditions/back-pain)
- [www.nhs.uk/conditions/back-pain](http://www.nhs.uk/conditions/back-pain)

#### Fitness for work

Mr BB is not yet fit for immediate return to full heavy warehouse duties. However, he may start a gradual return to work, if available.

To support his safe return to work, you may consider the following advice:

- His musculoskeletal risk assessment should be reviewed and kept up-to-date, to identify and eliminate or minimise high-risk activities (repetitive or sustained bending and twisting at the waist or other awkward or forceful back movements, prolonged standing or sitting).
- Regular task rotation (for example, scanning, checking, and light picking at waist height) and rest and stretch breaks would be beneficial to reduce static overload and flare-ups.



- With risk assessment in place, he may start a phased return over 6 weeks, initially 4 hours per day, 4 days per week, with gradual progression towards normal hours as tolerated.
- He should initially avoid lifting, pushing, or pulling loads within safe limits (in the range of approximately 6–8) kg for 2 weeks and then increase the workload over the following 4 weeks.

You may consider offering him a refresher manual handling training to reinforce safe technique and the use of available mechanical aids.

If required, more detailed information is available from the HSE:

[www.hse.gov.uk/msd/backpain/index.htm](http://www.hse.gov.uk/msd/backpain/index.htm)

It is hoped this advice will help you manage your Employee's condition at work and reduce the risk of relapses. However, the Employee is aware that the medical recommendations are only advisory and that you may or may not be able to accommodate them depending on your operational expectations and restrictions.

### Prognosis

Mechanical low back pain usually has a good functional prognosis, and Mr BB has already made steady progress. If he maintains his exercise routine and avoids high-risk tasks, he should be able to return to full duties over the next 2 months and sustain his duties.

The risk of further relapses can be reduced by avoiding high-risk activities and continuing back exercises.

### Equality Act 2010

The condition has not caused a long-term and substantial impairment of normal day-to-day activities. Therefore, in my opinion, the disability provisions of the Equality Act 2010 are unlikely to apply at this stage. However, as you know, the applicability of disability legislation is ultimately determined by employment tribunals or civil courts on legal rather than medical grounds.

### RIDDOR

Workplace accidents resulting in an Employee being away from work, or unable to perform their normal work duties, for more than 7 consecutive calendar days as a result of their injury are reportable to HSE within 15 days under RIDDOR regulations. If required, more information is available from the HSE:

<https://www.hse.gov.uk/riddor/reportable-incidents.htm>



## Follow-up

A routine occupational health follow-up appointment is not required at this time. However, if there are new medical issues, please refer your Employee again for an updated occupational health opinion.

**Yours sincerely,**

**Dr XYZ, Occupational Health Physician**

## 4. Construction Site Operative with unstable diabetes

Thank you for referring Mr FF, a 34-year-old construction site operative employed full-time for 6 years. His role involves operating plant machinery, working at height, and general groundworks. He was referred for advice on fitness for work following hypoglycaemia at work. I reviewed him by telephone on 2 November 2024. We discussed your referral, his health, and this advice. I obtained his consent to send you this report after he reviewed a copy in accordance with medical consent guidelines.

### Current situation

Mr FF has had diabetes for 12 years, managed with insulin injections 3 times daily. He reports three episodes of severe hypoglycaemia in the last 3 months, requiring assistance from colleagues or family. On two occasions, he did not recognise warning symptoms. This is concerning, as severe hypoglycaemia is a medical emergency due to the risk of sudden incapacitation, seizures, and other complications.

Given his poor diabetic control, I advised him to see his GP with a copy of this report. His doctor will likely review treatment and offer monitoring (and specialist referral if required). Treatment options may include insulin dose adjustment, continuous glucose monitoring with alarms, education programmes, and hypoglycaemia awareness training.

I also advised him to stop driving and report these episodes to DVLA (<https://www.gov.uk/hypoglycaemia-and-driving>) and review Diabetes UK information:

<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes>

<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/complications/hypos>

### Fitness for work

Mr FF is not fit for his full scope of work but may be fit for restricted, non-safety-critical duties.

If temporary redeployment is available, I advise a formal risk assessment to identify and exclude all safety-critical activities, which usually include:

- Operating plant machinery (telehandlers, excavators, dumpers, forklift trucks)
- Working alone or at heights (scaffolding, mobile elevated work platforms), in confined spaces, or where emergency support could be difficult



- Working near moving vehicles, powered machinery, or exposed electrical installations
- Until his diabetes is stabilised and hypoglycaemia awareness restored, continuing these duties would pose an unacceptable risk to his safety and that of colleagues.
- I suggest temporary redeployment to non-safety-critical duties (e.g., stores management, site administration, materials checking, low-level manual tasks in a group). If available, this would allow him to remain at work while treatment is optimised.
- He requires a diabetes workplace risk assessment, including break times, access to food and glucose supplies, and emergency procedures. A buddy system or increased supervision should be considered until blood sugar stabilises.
- Your first aid team should be aware and able to provide first aid (recovery position, oral glucose gel), administer glucagon if trained, and call an ambulance in severe hypoglycaemia.

If new symptoms develop (infection, vomiting, nausea), he should promptly contact his GP or attend A&E.

### Prognosis

With specialist input, treatment adjustment, and structured education, many individuals can achieve good diabetes control, but this may take several months.

### Equality Act 2010

Type 1 diabetes is a long-term condition that can have a substantial adverse effect on normal day-to-day activities. The disability provisions of the Equality Act 2010 almost certainly apply. However, the applicability of disability legislation is ultimately determined by employment tribunals or civil courts on legal rather than medical grounds.



## Follow-up

I recommend a follow-up occupational health review in 3 months to reassess fitness for safety-critical work. At that review, I will request information from his GP regarding current treatment and follow-up plan, blood sugar stability, absence of complications (e.g., vision issues), and confirmation that hypoglycaemia awareness has been restored.

If these criteria are met, he may be considered for a staged return to safety-critical duties.

**Yours sincerely,**

**Dr XYZ, Occupational Health Physician**