

OCCUPATIONAL HEALTH SERVICE (OHS) HEALTHCARE PERSONNEL (HCP) REFERRAL TO OHS AND MEDICAL CLEARANCE STATUS

Instructions: This form is used when a Supervisor / HRSS / EEO / Administrator needs to refer an HCP to OHS due to the following reason.		
By HR Authorization Only: □ Pre-Placement Assessment □ NYC	H+H Transfer to Facility – Initial Health Assessment	
By Supervisor, Administrator, OHS, EEO or HR Authorization Only:		
-	placement Assessment	
	Fitness Assessment	
•	osure	
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 □ Pending Reasonable Accommodation Job Fitness Assessment □ Other: 		
PART 1 – HCP INFORMATION: (TO BE COMPLETED BY SUPERVISOR / HRSS / ADMINISTRATOR / EEO OR HR REPRESENTATIVE):		
Name of Supervisor/HRSS/Administrator	Signature of Supervisor/HRSS/Administrator	
Making Referral:	Making Referral:	
HCP Last Name/First Name:	HCP Title:	
Department/Service:	Facility/Worksite/Location:	
HCP TK/Empl ID #:	Dates of Absence:	
PART 2 – NYC H+H OCCUPATIONAL HEALTH SERV		
□ Acceptable – Medically Cleared on:	Return for Follow up Date:	
☐ Medically Cleared for Respiratory FIT Test: ☐ Y	'ES □ NO □ Not Applicable	
☐ No, request that HCP submit additional documentation to support clearance.		
□ No, request to return to duty is referred to EEO for review due to disability status asserted and reasonable accommodation requested.		
☐ No, HCP not cleared for duty pending EEO review.		
☐ Do not return to duty.		
□ Return to personal medical provider for additional evaluation/treatment and submit documentation of compliance.		
PART 3 – NYC H+H OCCUPATIONAL HEALTH SERVICE SIGNATURE:		
Signature of NYC H+H OHS Provider / Designee	Date	