

Referral to Occupational Medical Adviser.

**To Dr. Dermot J. Halpin
Occupational Medical Consultant**

COMPANY:

REFEREE'S NAME:

HOME ADDRESS:

DATE OF BIRTH:

OCCUPATION:

REFERRED BY:

REASON FOR REFERRAL:

DESCRIPTION OF JOB:

KNOWN HAZARDS AT WORK:

SPECIFIC QUESTION TO BE ADDRESSED:

SIGNED: _____ DATE:

CONTINUE OVER, IF NECESSARY