

My Health Passport



PEOPLE HEALTH &
WELLBEING SERVICE
Occupational Health
Occupational Physiotherapy
Employee Wellbeing



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Introduction

Welcome to the Cardiff and Vale My Health Passport, the aim of the Passport is to support your physical and mental wellbeing. It helps you to communicate your needs to your manager in regards to awareness of your working style, triggers and responses, and enables an open honest discussion about your needs in the workplace.

The information in this form will be held confidentially and regularly reviewed by you and your manager together. You only need to provide information that you are comfortable sharing and that relates to your role and workplace.

Have you completed My Health Passport before?

Yes _____ No _____

If no, please continue to complete the parts of the form relevant to you. Please note that the examples given in each section are only suggestions and you can add whatever you information that relates to you and your health

If yes, are you happy to share this with your current line manager?

Yes No

You do not have to share, and you can use this information to help you manage your health instead, however sharing with you manager will help them support you.

Name of employee:	
Employee signature:	Date:
Name of line manager:	
Manger's signature:	Date:

Consent to share My Health Passport - Confidentiality

The information provided in this document is confidential and will not be shared with any other party without my written consent.

I consent for this document to be shared with those named below, this can be updated and changed at any time:

Name: _____

Signed: _____ Date : _____

My Health in the workplace is:

- You are not obliged to give details of your health and wellbeing condition, only how this affects you in your working life.

Time - is this an issue for you?

- E.g. How often do you need a break? Does it vary?
- E.g. Are there any tasks which may take longer for you to carry out?
- E.g. Are your symptoms worse or better at any specific time of the day and can this impact on your work?

Work Space - does this affect your health

- E.g. How can we help you to get your job done?
- E.g. Is the environment right for you, i.e. Is the light above your desk too bright?
- E.g. Is it too noisy?
- E.g. Is it too cramped and you can move around?

What technology & equipment will help you at work?

- E.g. Do you need two screens?
- E.g. Noise cancelling headphones?

Communication at work

- E.g. Are there any forms of communication that are challenging for you?
- E.g. Is the environment right for you, i.e. Do you need a quiet room for conversations?
- E.g. Are there any forms of communication that work best for you? i.e., Would you prefer emails over face-to-face conversations?

Workplace Adjustments

- E.g. Do you have any workplace adjustments already in place that help you?
- E.g. Would you be happy to share these?
- E.g. Have you had any advice from Access to Work or Occupational Health that you can share?

Medication

This is an opportunity for you to share what current medication you are on and how this may affect you

- E.g. Some medications make you feel drowsy.

In case of emergency

In this section, please give information on any support needed, in an emergency

- E.g. Epi pen if having an extreme allergic reaction.
- E.g. What to do if having a seizure

Traffic light system

Everyone's health can change from one day to the next and it can be helpful to let other people know how you are when your health is not affecting you or when your symptoms are worse

- E.g. What does a good day look like
- E.g. Describe any symptoms which may indicate that you need help or not well enough to work.

In the next section you can add what a good (green), ok-ish (amber) and not good/bad (red) day looks like for you

Traffic light system

Green - What does a good day look like?

Amber - What does an Ok day look like, what support could you need?

Red - What does a not so good/bad day look like? What support do you need?

Appointments

Use this space to tell us of any upcoming or regular appointments

Useful Resources

You can add a list of phone numbers / websites that can be used to help others understand your disability, health or mental wellbeing.

Emergency Contacts

If I am not well enough to be at work, I am happy for my line manager to contact any of the following emergency contacts in the order of preference indicated below:

Name:
Relationship:
Contact details:

Name:
Relationship:
Contact details:

If you move to a new job or area in the same department, please share this plan with the new manager and get them to sign and date this page.

Signed By:
Existing Manager:
Employee Signature:
Date:

Signed By:
New/Pending Manager:
Employee Signature:
Date:

Signed By:
Manager:
Employee Signature:
Date:

Review Dates and Amendments

Date:
Employee Signature:
Manager's Signature:
Agreed Review Date:

Amendments to Passport

--

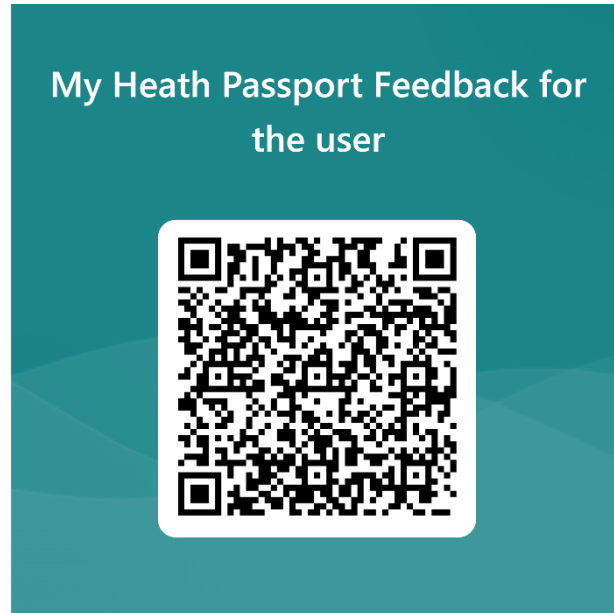
Date:
Employee Signature:
Managers Signature:
Agreed Review Date:

Amendments to Passport

--

Feedback forms

My Heath Passport Feedback for the user



My Heath Passport feedback for the manager

