**PRIVATE & CONFIDENTIAL**

**LOGO**

**OH Consultation Report**

Thank you for your recent referral. An Occupational Health Practitioner undertook a medical assessment today. We have discussed the purpose of the consultation with the employee who was happy to comply with the assessment process. We have obtained consent to undertake the assessment and to provide the following report.

| **Referral details** | |
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| **Name of referrer:** | John Smith |
| **Name of organization /employer:** | Any Company ltd |
| **Employee forename and surname:** | Sarah Jones |
| **Date of birth:** | 01/01/0101 |
| **Job title:** | Senior Account Manager |
| **Length of service:** | 2 years and 1 month |
| **Date of consultation:** | 01/01/0101 |
| **Type of consultation:** | Video Appointment with a Doctor |
| **Consultation undertaken by:** | Dr Lisa Roberts, Occupational Health Physician |
| **Consent given to release medical report:** | I understand that following the assessment the proposed report will be discussed with me and I wish to have a copy of the final report prepared by Latus Group provided to me within 2 working days before it is sent to my employer. If I do not contact Latus Group within the 2 working days I am aware that the report will be sent to my employer. Please see OH-FM-272 Guidance on Consent Form for your rights to request amendments, add comments to the report and to withdraw consent |
| **What are the main issues which have given rise to this assessment? i.e. Frequent/recent/ongoing work absence due to medical condition /or if work adjustments are required for a new work role /or does a medical condition require future work adjustments** | Sarah was diagnosed with Ehler-Danlos syndrome in early 2025.<br>We would like to better understand what reasonable workplace adjustments should be considered to support Sarah. |
| **Is employee fit for current work role?** | I consider that the employee will be fit for work provided the proposed adjustments are feasible.<br>She states she has been provided with some ergonomic equipment for her work from home environment, including a chair and an adjustable desk stand. She may benefit from a full in-person Display Screen Equipment (DSE) assessment at home, to determine whether other equipment could be provided which could help manage her symptoms, such as an ergonomic keyboard and mouse. Software which minimises repetitive movements, such as a voice to text programme, could also be considered. |

| **Description of relevant medical condition** |
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| **1. Medical History: Effects on Daily Activities: Description of Work Role** |
| Thank you for referring Miss Jones for an Occupational Health assessment. The outcome of such assessments is to establish your employee's medical fitness for work and recommend work adjustments on health grounds if applicable. They understand the reason and purpose of this referral and my professional remit as an Occupational Physician. I had a video consultation with her today on Monday 16th March. My advice is based on their self-reported history, my clinical assessment, and the information provided on the referral.<br>Miss Jones is a Senior Account Manager. She works full-time from home. She tells me that she was previously working on a USA time schedule (UK time 13:00-00:00) from July 2025 as a temporary agreement, and today is her first day returning to UK hours (09:00-18:00) at her request. She |

expects this to be permanent, as per her original work contract which had not been amended.
Miss Jones has a diagnosis of Ehlers Danlos Syndrome. This is a genetic condition which is lifelong and will fluctuate over time. She has had investigations and appointments with various specialties, including rheumatology, cardiology, and physiotherapy. There is no single treatment for this condition, and managing symptoms usually involves pacing activities, avoiding triggers, physiotherapy, and pain control.
She reports constant widespread hypermobility and joint pains with frequent dislocations, migraines up to three times a week, intermittent numbness and pain in her hands and feet, a lightheaded sensation when changing posture quickly, occasional chest pain, and fatigue. These are all symptoms which are medically consistent with her diagnosis. She tells me that her symptoms are generally worse when her sleep is disrupted and when she is not able to get adequate rest of breaks due to her work schedule. She states she has not utilised much sickness absence for this, even when her symptoms are worse than usual and she feels she would benefit from rest, due to the demands of the role and uncertainty of coverage provision.

**2. Examination/Relevant Clinical Findings**

This was a video assessment and therefore no physical examination was performed.

**OH Report**
**3. Is employee fit to undertake the substantive work role?**

I consider that the employee will be fit for work provided the proposed adjustments are feasible.
She states she has been provided with some ergonomic equipment for her work from home environment, including a chair and an adjustable desk stand. She may benefit from a full in-person Display Screen Equipment (DSE) assessment at home, to determine whether other equipment could be provided which could help manage her symptoms, such as an ergonomic keyboard and mouse. Software which minimises repetitive movements, such as a voice to text programme, could also be considered.

**4. Justifications for work adjustments**

The following proposed adjustments are for guidance only and the feasibility is dependent upon whether the employer can institute them. The final decision regarding the feasibility is made by the employer. The adjustments proposed are as follows:
1) Continue work hours in the UK time zone as per original contract to help manage symptoms.
She tells me that handover meetings with US colleagues have been arranged for the end of her working days to avoid the need for communication outside of her contracted working hours, which she feels would be beneficial in the long-term. It should only be in exceptional and unavoidable circumstances that she should be requested to work outside of her contracted hours or complete tasks outside of her regular duties, and adequate coverage should be provided by the employer for this.
2) An understanding that short breaks may be required during the work day to help manage symptoms.
These would be in addition to any contracted breaks. I do not expect that this would be more than a few minutes a few times a day, and should not significantly impact productivity. This is likely to be required in the long-term.
3) Consider permanently adjusting her work contract to be part-time to help manage symptoms.
She feels that decreasing the number of hours worked in a day by 1-2 hours, or decreasing the number of days worked per week by 1-2 days could allow for time to rest and recover in between shifts, and allow for sustainable attendance at work. Pacing out tasks is essential in managing her health condition, and will be required in the long-term.
4) An understanding that she may not be able to participate in activities outside of her regular duties, such as sports during team-building events, and manual handling of boxes and materials at business events.
These could all put her at risk of injury due to hypermobility. Adequate seating should also be provided when her attendance is required in-person, as well as reasonable transport and

accommodation for significant distances travelled, to minimise triggering symptoms or exacerbating her fatigue. This is likely to be required in the long-term.
5) Consider adjusting sickness absence triggers due to her long-term medical condition. This is likely to be required in the long-term.
Any changes or extension to this would require a discussion between the employee and management, and should be guided by reported symptoms and business needs.

**5. Proposed further medical investigations/treatment**

It is advised that they discuss with the GP and relevant specialties about further medical assessment/interventions for the condition where required, in keeping with evidence-based guidelines. She continues with physiotherapy appointments, and she has engaged well so far.
More information for the employer on Ehlers-Danlos Syndrome can be found at the following websites:
https://www.nhs.uk/conditions/ehlers-danlos-syndromes/
https://www.ehlers-danlos.org/information/top-tips-for-an-eds-hsd-friendly-workplace/

**6. Would the condition be considered to fall within the Equality Act 2010?**

For a condition to be considered within the remit of The Equality Act (2010) it must be substantial, long term (last more than 12 months) and adversely impact on daily activities with the condition being assessed in the hypothetical sense as if the individual were not receiving / had not received treatment.
In my opinion the employee has a condition which is substantial, and which is long term and which adversely impacts on day to day activities
However you will be aware that the decision regarding the Equality Act is ultimately a legal rather than a medical decision.

**7. Is the employee likely to render reliable service in the future?**

The employee is likely to be at an increased risk of sickness absence due to the nature of their health condition. However, with appropriate management and ongoing support, maintenance of their symptoms is anticipated, which should help to minimise this risk. It is important to acknowledge, however, that the nature of their condition means that symptoms may worsen at times despite best efforts.
I have not arranged another appointment, but a re-referral can be made if there are any changes to symptoms, or concerns regarding performance or attendance.

**8. Responses to specific questions from employer**

1) Is there likely to be any residual impairment on resuming work?
She is currently attending work. I do not note any concerns regarding performance or attendance in the referral. Her symptoms are ongoing and are expected to continue in the long-term. This is a lifelong condition, and symptoms will fluctuate over time. If adjustments are applied, I do not expect her performance or attendance to be significantly impacted.

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| Report prepared by Occupational Health Adviser | | Qualifications | |
| Signature | | Dater of report | |