

Case Management Report – Medical Confidential

22nd October 2025

Dear Manager,

Re: XXX
XXX
XXX

Thank you for referring the above employee for an Occupational Health Consultation. The purpose and process of the Consultation were explained, and consent was provided for this report to be produced, which is provided for advisory purposes only, and is not legally binding on any party - This includes any suggestions made (such as recommendations/adjustments), the implementation of which will ultimately be a management decision based on operational feasibility.

Please note that all necessary data protection checks were carried out prior to commencing the assessment and confidential medical information is not included in the report unless specific consent to disclose this has been provided.

Background

Mr. XXX has worked as a Sorter at XXXX Limited for just over one year. I understand that this role entails continuous standing, sorting and grading clothing and other household items from a conveyor belt or tables, and the movement of large, heavy barrows around the factory. The referral today was for Case Management – Doctor – Phone Consultation to review his current medical conditions (mechanical back pain, epilepsy, and possible respiratory allergies), assess his fitness for work, and provide recommendations regarding suitable duties and a potential phased return to work.

Current Position

Mr. XXX told me that he has a low immune system and that he was admitted to hospital with pneumonia in the past. He said he was diagnosed with lymphoma (a type of cancer that affects the lymphatic system, which is part of the body's immune system) approximately two years ago, and underwent three sessions of chemotherapy, with the last treatment carried out in Glasgow. He told me that each chemotherapy cycle lasted several weeks. He said he has since completed chemotherapy but continues to receive infusion treatment every two months, with his next session scheduled for Friday. He told me that the medical team has not yet given him a clear indication of when his treatment will end. He said his doctors have explained that his condition is stage 3 cancer and that it is not curable.

He told me that he underwent a stem cell transplant just over a year ago, and although the chemotherapy has finished, he continues with maintenance infusions. He said these were initially planned for every three months but have now been adjusted to every two months. He told me he will find out more about the future treatment plan during his next hospital appointment.

Mr. XXX said he experiences some pain and breathlessness, particularly when walking up stairs or carrying out strenuous activity. He said that for a while he struggled with sleep, but recently his sleep has improved. He told me he still experiences fatigue, which he associates with the side effects of chemotherapy.

He said he lives with his brother at home. He told me he is able to do light cooking, while his sister helps with

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cleaning and his brother assists with grocery shopping.

He said he previously worked in a factory with around 200 people and his duties involved moving 4–5 kg bales of material. He told me he tends to catch colds and flu easily due to his lowered immunity. He said he has worked for the company for around 20 years.

He told me he has attempted to return to work twice on adjusted duties, but felt that the workload expectations were too high and that he could not sustain the tasks. He said that while alternative duties were offered, there are currently no suitable jobs available in the factory that meet his health limitations. He said his mental health is up and down, which he attributes to his ongoing illness and reduced ability to work.

Response to Management Questions

Does the employee qualify for ill health retiral given his medical history and ongoing illness?

Based on the information available, Mr. XXXX has a long-term, progressive medical condition (lymphoma) that is being managed but not curable. He remains under active hospital treatment with ongoing infusions every two months and continues to experience fatigue, breathlessness, and immune suppression, which significantly restrict his ability to sustain any form of regular employment.

At present, he is not fit to perform his normal duties, and given the uncertain duration and prognosis of his illness, it is unlikely that he will regain sufficient capacity to safely return to his previous role. In these circumstances, it would be appropriate for the employer to explore the criteria for ill-health retirement in line with occupational pension scheme rules and the medical evidence available from his oncology team. His case meets the typical occupational health threshold for consideration of ill-health retirement, pending confirmation from his treating specialists regarding long-term prognosis and functional capacity.

Is there a possibility that the work environment is contributing to the ill health problem?

No, the underlying cause of his ill health is medical (lymphoma) and not related to the work environment. However, the nature of his workplace — a large, busy factory with exposure to dust, temperature variation, and close contact with others — may pose a risk to his health due to his immunosuppressed state. Continued exposure in such an environment could increase his susceptibility to infection and fatigue. Therefore, while work did not cause the condition, the environment may exacerbate his symptoms or place him at higher risk of illness.

How will any residual functional impairment / incapacity affect work ability and for how long is this likely?

Mr. XXXX is likely to experience persistent functional limitations due to fatigue, reduced exercise tolerance, and vulnerability to infection. These symptoms are expected to fluctuate in severity but will remain long-term and potentially permanent, depending on his treatment response.

He is currently unable to perform physically demanding or high-exposure work and would only be suitable for low-intensity, sedentary roles that allow for flexible hours, frequent rest breaks, and time off for medical appointments. However, even such arrangements may be limited by his ongoing treatment schedule and overall stamina. The duration of incapacity is indefinite at this stage, as the condition is not curable and requires continuous management.

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Conclusion

In conclusion, Mr. XXXX's current medical status and ongoing treatment render him unfit for his existing factory role, and long-term incapacity is likely. The case meets the threshold for consideration of ill-health retirement, pending specialist input. The work environment is not causative but could pose health risks given his immunosuppression. His residual impairment is expected to be lasting, and any potential work in future would require significant adaptation and medical clearance.

Follow Up

I suggest that a further occupational health review is not required at this stage unless there is a significant change in Mr. XXXX's medical condition, treatment plan, or prognosis as confirmed by his oncology team. Should new information become available or if management wishes to proceed with an ill-health retirement assessment, an updated occupational health review can be arranged to consider any additional medical evidence and confirm eligibility under the employer's pension or capability framework.

Report Copies

The employee has requested to see a copy of the report at the same time it is sent to management.

Yours sincerely,



Dr Saad Qazi

Doctor of Medicine (MD Degree) , DoccMed
GMC: 7798466

Data Protection Note:

You are advised to store this document in a private and secure location whilst the employee remains in employment with you and for six years after the employee leaves your employment, and/or in accordance with your policy. Thereafter you are advised to destroy the document.