

Health Ability Passport: Supporting Employees living with Diabetes

This form is here to support open and supportive conversations between you and your line manager. It's confidential and should be completed together, with your agreement

This is the Health Ability Passport of:	
Completed on:	
Following a meeting on:	
Line Manager Name:	
Type of Diabetes	Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3c <input type="checkbox"/> Gestational <input type="checkbox"/> Slowly, evolving immune onset (previously LADA) <input type="checkbox"/> Ketosis-prone Type 2 <input type="checkbox"/> Drug-Induced Diabetes <input type="checkbox"/>
Does your type of diabetes require you to check your blood sugars? <i>Either via finger pricking or continuous glucose monitoring (CGM)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If needing to check your blood sugars, how many times a day is this required?	Once daily <input type="checkbox"/> Twice daily <input type="checkbox"/> Three times daily <input type="checkbox"/> + Four times daily <input type="checkbox"/> CGM use – therefore continuous <input type="checkbox"/> Not applicable <input type="checkbox"/>
Do you need phone access for monitoring apps, charging points, or storage for supplies? <i>List what adjustments would be required to support you in the workplace</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have 'hypoglycaemia awareness'? <i>Recognition of when your blood sugars are low and may need hypoglycaemia treatment</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you required to inject for your treatment? If so, do you require access to a private, confidential area?	Yes, will need access to private area <input type="checkbox"/> Yes, but do not need access to a private area <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have significant side effects from any medication or treatment you are receiving? <i>List how may impact on your working day and any adjustments required</i>	
Does your diabetes impact on any area of your work? <i>Such as risk of low blood sugars, long time between meals, time critical medication access such as insulin or oral therapies</i>	
In periods of illness, what support may you require from your employer? <i>Thinking about 'sick day' rules and if may need to monitor blood sugars more regularly, have access to food and fluids etc.</i>	

What are your reflections on nursing with diabetes in the clinical setting? (Step 3)

Provide information regarding your condition, including relevant treatment plans, medications and how your working life is impacted by the condition

Occupational health or specialist team recommendations? (Step 4)

Provide information regarding your condition, this may include guidance on medication timing, technology use, emergency planning, or reasonable adjustments

How can your employer support you with your condition? (Step 5)

Describe support that would be reasonable within your workplace and consider any review appointments, use of technology or extended rest/break periods that may be required

The Way forward (Step 6)

Action	Date and Owner	Review Date

Do you know the date of when your next review or specialist appointment is?

Yes

No

Unsure

Use opportunity to discuss requirements for attendance and support from employer to attend if within working hours - attendance at diabetes-related appointments should be considered a reasonable adjustment

Do we need to share any of the information with the team to support you? (Step 7)

Important employer follows rules of confidentiality, however if you feel comfortable with any aspects being shared to ensure they can support you in the workplace to share with your consent only

Review Date:

Signed (Employee):	
Print name / date:	
Signed (Line Manager)	
Print name / date:	