Health Ability Passport – Fibromyalgia

This is the Health Ability Passport of:	
Completed on:	
Following a meeting on:	
Line Manager Name:	
What are the main symptoms of your fibromyalgia?	Fatigue Pain Cognitive function issues Other:
Does your shift pattern allow for sufficient breaks to support your symptoms? Please explain what support is required:	Yes No
Does your workplace environment provide the correct support you require in the workplace? *i.e. ergonomic chairs, hybrid working, if possible, access to rest areas* Please explain what support is required:	Yes No
Does your daily tasks impact on your symptoms, and would task sharing or task rotation support you in the workplace? Please explain what support is required:	Yes No
How often do you have flare up of your symptoms which impact on your abilities? *This can include any flare up of symptoms related to your condition that would cause significant distress*	Daily Weekly Monthly Other:

This document should be shared only as agreed. It is confidential.

Please store in line with policy

If willing to do, please provide an overview of your fibromyalgia condition, any treatments and if it impacts on your abilities in the workplace (Step 3)

Occupational health or specialist team recommendations? (Step 4)
How can your employer support you living with fibromyalgia? (Step 5)

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

Do we need to share any of the information with the team to support you?
Yes   No   Unsure
It is important that your employer follows rules of confidentiality regarding your health condition. However, if you feel it is important to share any aspects with your team to support you in the workplace then you may ask the employer to do this with your consent.

Any additional notes:

Review Date:	

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