

Health Ability Passport: Supporting Employees living with MS

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:	
What type of MS are you living with? <i>We appreciate that you may have other experiences with MS that does not fit these categories, if so please do list your views accordingly.</i>	Relapsing–Remitting ☐ Primary Progressive ☐ Secondary Progressive ☐ Clinically Isolated Syndrome ☐
Do you experience fluctuating symptoms <i>(e.g., fatigue, mobility changes, sensory issues)?</i>	Yes ☐ No ☐
Do you use mobility aids? <i>(e.g., stick, frame, wheelchair)</i>	Yes ☐ No ☐ If yes, list aids and any workplace adjustments required:
Do you experience MS-related fatigue, if so, at what level of severity?	N/A ☐ Mild ☐ Moderate ☐ Severe ☐
Do you experience cognitive symptoms? <i>(e.g., memory, concentration, information processing)?</i>	Yes ☐ No ☐ If yes, list any adjustments that may help:
Do you experience sensory symptoms? <i>(e.g., numbness, tingling, heat sensitivity)?</i>	Yes ☐ No ☐ If yes, list any adjustments that may help:

Do you require access to rest breaks, pacing strategies, or reduced physical tasks?

Yes ☐
No ☐

Do you require adjustments to shift patterns? (e.g., reduced nights, predictable rota)

Yes ☐
No ☐

Do you have significant side effects from any medication or treatment?

Yes ☐
No ☐

If yes, describe how this may impact your working day and any adjustments required:

This document should be shared only as agreed. It is confidential. Please store in line with policy.

Please describe any areas of your role that may be affected by MS (Step 3)

Occupational health or specialist team recommendations? (Step 4)

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

Action	Date and Owner	Review Date

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

Yes ☐

Date:

No ☐

Unsure ☐

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

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

It is 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

Yes ☐

No ☐

Review Date:

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

If you, as a person living with Multiple Sclerosis, or your line manager need further support or advice, you can contact MS-UK, who provide confidential information, emotional support, and guidance for anyone affected by MS. Their team can help with symptom management, employment rights, and navigating workplace adjustments.

MS-UK Helpline: 0800 783 0518

Website: [Home](#) | [MS-UK](#) | [Supporting your multiple sclerosis journey](#)

For RCN employment advice and support [contact the advice team](#)