Health Ability Passport: Supporting Employees living with Parkinson's

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 Parkinson's Disease	Idiopathic ☐ Vascular ☐ Drug-induced ☐ Multiple system atrophy (MSA) ☐ Progressive supranuclear palsy (PSP) ☐ Corticobasal Degeneration (CBD) ☐ Other:
Does any part of your condition impact on any area of your work? *Such as physical tasks, cognition, pace of environment etc, recognising that symptoms may fluctuate unpredictably*	
At what times do you need to take your time-critical medication for your condition? *Please list the specific times across a shift you would need to access your medication*	
Do you have any significant side effects from any medication or treatment you are receiving? *List how may impact on your working day and any adjustments required*	

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

Do you need protected breaks to help with symptom management and administration of time-critical medications? *Recognition of when your medication is due and protected time to manage this accordingly*	Yes ☐ No ☐ *Please add any comments here:*
Are any of your shift patterns impacting on your condition? *If so, please list which shifts are impacting and any possible solutions to support you in the workplace – recognising that regular shift patterns would support appropriate administration of time critical medication*	Day shifts ☐ Evening shifts ☐ Night shifts ☐ Other Solutions:
In episodes where symptoms may fluctuate, what support may you require from your employer? *Thinking about shift support and adjustments that could be put into place to support your overall wellbeing in the workplace*	

What are your reflections on nursing with Parkinson's 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, including relevant treatment plans, medications and how your working life is impacted by the condition

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

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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? (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:	

It is also important that you and your line manager refer to your organisation's HR policies when using this passport, to ensure that any workplace adjustments, support needs or role-related considerations are aligned with local procedures.

If you, as a person living with Parkinson's, or your line manager need further support or advice, please contact Parkinson's UK. They provide practical information, emotional support, and guidance for anyone affected by Parkinson's, including those working in nursing roles.

Parkinson's UK Helpline: 0808 800 0303 Website for work-related support: https://www.parkinsons.org.uk/information/work

You can also explore further resources, workplace guidance and lived-experience insights through Parkinson's UK, who are there to support you at every stage.