RCN Health Ability Passport



A suggested template

This is the health ability passport of:			
Completed on:			
Following a meeting on:			
With their line manager:			
Add review dates here as they occur:			
This document should be shared only as agreed. It is confidential.			
Please store in line with policy.			
The nature of your disability or neurodiversity (step 3)			
Occupational Health and other third-party recommendations (step 4)			
What adjustments do you think would benefit you? (step 5)			

The way forward (step 6)				
Action		Date / Responsibility	Review Date	
Sharing with the team (step 7)				
Signed (employee):				
Print name / date :				
Signed (line manager):				
Print name / date:				