



MANAGEMENT REFERRAL FORM

Please email this form to:

[MACKINTOSH, Mandy \(NHS FIFE\) m.mackintosh@nhs.net](mailto:m.mackintosh@nhs.net)
cc. [occhealth \(NHS Fife\) Fife-UHB.occhealth@nhs.net](mailto:occhealth@nhs.net)

Staff Wellbeing & Safety
1-5 Willow Drive
Whyteman's Brae
Kirkcaldy
T: 01592 729402

APPOINTMENT DETAILS (to be completed by Staff Wellbeing & Safety staff)

Appointment with:

Date:

Time:

The University of St Andrews – Medical Student Referral

REFERRING PRO DEAN:

STUDENT DETAILS

Mr/Mrs/Miss/Ms:	Home Address (Term Time):
Surname:	
Forename (s):	
Date of Birth:	Home Address (Vacation):
University Email:	Mobile No:
*Matriculation No:	Home No:

STUDENT DETAILS

Date Commenced Course (if applicable) _____

* Mandatory fields



HISTORY

Total No. of Absences _____ Sem 1 _____ Sem 2 _____
Sem 3 _____ Sem 4 _____
Sem 5 _____ Sem 6 _____

Total No. of Yellow Cards _____ Sem 1 _____ Sem 2 _____
Sem 3 _____ Sem 4 _____
Sem 5 _____ Sem 6 _____

REASON FOR REFERRAL

THE STUDENT HAS THE RIGHT TO ACCESS MEDICAL REPORTS INCLUDING THIS DOCUMENT.

HAS THE REFERRAL BEEN DISCUSSED WITH THE STUDENT?

YES / NO

INFORMATION REQUIRED FROM OH DOCTOR (please tick)

- ☐ What is the student's current state of fitness for course/placement?
- ☐ Is it possible to assess when the student will be fit?
- ☐ What effect will the illness/injury have on the student's ability to carry out their course/placement?
If yes, is this effect likely to be temporary or permanent?
- ☐ Are there particular duties, which they will be unable to carry out on return?
- ☐ Are there work modifications, which would alleviate the condition or facilitate rehabilitation?
- ☐ Does a condition exist that could be worsened by course/placement?



- ☐ Does a condition exist that could be referred as a disability under the Equality Act 2010?
- ☐ Is the sickness absence the result of an accident, or illness sustained during placement?
- ☐ Is there a medical cause for frequent short-term sickness absence and is this likely to continue?
- ☐ Is there further support which we can provide?

AUTHORISING SIGNATURE: _____ DATE: _____

DESIGNATION: _____

EMAIL: _____ TEL: _____