

MANAGEMENT REFERRAL FORM

Please email this form to:

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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:

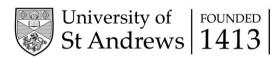
STUDENT DETAILS

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

STUDENT DETAILS

 Date Commenced Course (if applicable)

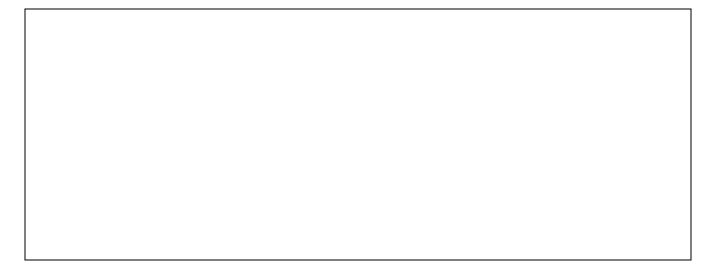
 * Mandatory fields



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?
- \Box 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?

 \Box Is there a medical cause for frequent short-term sickness absence and is this likely to continue?

 \Box Is there further support which we can provide?

AUTHORISING SIGNATURE:	DATE:
DESIGNATION:	
EMAIL:	_TEL: