



Medical Student Referral to Occupational Health

The main purpose of the occupational health assessment report is to provide information about a student's ability to perform their role – this may be in relation to sickness absence and / or performance or because a student has a health condition that may be affecting their ability to do their job or that some work activities appear to have a detrimental affect on the student's health.

Please refer to the 'Referral Information and Guidance' (<http://www.oh.admin.cam.ac.uk/services/referral-process>) and Occupational Health Referral - Employee Information OHL02 for advice (<http://www.oh.admin.cam.ac.uk/leaflets/occupational-health-referral-employee-information>).

Data Protection information

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual's occupational health record. For full details of how an individual's personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

Once completed please send the form to Occupational Health, 16 Mill Lane, Cambridge CB2 1SB or as an attachment to an email at OccHealth@admin.cam.ac.uk on the understanding that the following guidance is followed:

1. The email subject line must not contain any confidential information about the student. Please state **Occupational Health referral** in the email subject box.
2. The confidential email must only be shared with the student and named departmental / HR professional; **not forwarded on to any other person** without the consent of the student.
3. A copy of the form must be filed in the student's personal file.

1. Referrer's details

Name of person making the referral:

Position:

Contact address:

.....

Email address: Contact telephone number:.....

I am referring the following student for an occupational health assessment having fully explained and discussed the process with them by telephone / meeting / letter (*please indicate which*).

Signature: Date:

2. Student details

Name: Title:

Date of Birth: Year of course:

College:.....

Pre clinical ☐ Clinical ☐ Cambridge Graduate Course ☐

Home address:

.....

Email address: Contact telephone number:.....

3. Please provide the reason for the referral to Occupational Health (OH)

Please provide reasons for the referral to OH below and include relevant supporting information *e.g. College concerns, support / modifications in place.*

Is the referral in relation to ability / fitness to sit examinations? Yes ☐ No ☐ If yes, please provide the date of the first examination to assist with appointment scheduling.

Please indicate if this is part of a formal fitness to practice procedure – Yes ☐ No ☐

4. Referral questions - please indicate which questions you would like guidance on from Occupational Health (OH) – *please consider carefully and tick only the relevant questions.*

- 4.1 ☐ Does the student have an underlying health condition that may affect their ability to practise?
- 4.2 ☐ Is there any evidence that the medical course is contributing to the sickness absence / ill health problem?
- 4.3 ☐ Is there any additional help / treatment that you could recommend to help the student?
- 4.4 ☐ If and when the student returns to the course, will they be able to effectively learn and undertake the responsibilities required of the medical course?
- 4.5 ☐ In your opinion, do they have a disability under the terms of the Equality Act 2010?
- 4.6 ☐ Are there any modifications / restrictions which may support the student with the medical course?

If yes a) please specify what modifications should be made.
 b) for how long these modifications should continue.

- 4.7 ☐ In your opinion does the student's health pose a risk to him/herself?
- 4.8 ☐ In your opinion does the student's health pose a risk to patient and public safety?

Any additional questions for OH to address: -

5. Appointment arrangements

Please indicate where the Occupational Health appointment details should be sent:

- | | |
|---|--------------------------|
| (i) directly to the student (a) via email | <input type="checkbox"/> |
| (b) at home via post | <input type="checkbox"/> |
| (c) at college via post | <input type="checkbox"/> |
| (ii) to the student via the referrer | <input type="checkbox"/> |

6. Student information

Your Director of Studies / the Director of Medical Education wishes to obtain advice from Occupational Health for the reasons detailed in sections 3 and 4. You do not have to agree to this assessment but should you decline the offer the matter will be managed with the information available and without the benefit of OH advice.

The reason for the assessment is to ensure that your medical training will not place your health at risk and will also help to determine, in terms of fitness to fulfil the requirements of the GMC, your suitability to work as a doctor. The University of Cambridge is committed to providing equality of opportunity to disabled students and will provide all reasonable support to enable a disabled student to complete the course.

Following the assessment and with your informed consent, a report will be sent to your Director of Studies / the Director of Medical Education; named in section 1. The content of the report will be explained to you during the occupational health consultation and you will be offered the opportunity to see the report before it is sent to the recipient. Medical details will only be included in the report if it will benefit you and if you have specifically agreed to this; otherwise the report will be focused on the impact of the health problem on your ability to learn and perform the requirements of the medical course, plus any specific recommendations.

Student consent

The reason and nature for the occupational health referral have been explained to me by the referrer and I agree to undergo an occupational health assessment.

I understand that following the assessment a report will be written to the person referring me and that I will be given the opportunity to see an advance copy. I understand that should I wish to see the report there is a five day timescale between providing it to me and sending it to the recipient and that should my consent to release a report be withdrawn any subsequent decisions will be on the information available and without the benefit of OH input.

Prior to the report being issued, I understand further consent will be obtained by the OH practitioner and that my consent may be withdrawn at any stage of the process.

Signature of student: **Date:**

Office use only:

OHP appointment ☐ SOHA appointment ☐ OHA appointment ☐

Tel consultation ☐ OHA ☐ OHP ☐

Practitioner:.....

OHA signature:

Print name: Date