MANAGEMENT REFERRAL FORM

Please email this form to:

Tay-UHB.ohsasninewells@nhs.net

Wedderburn House
1 Edward Street
DUNDEE DD1 9SY
Tel: 01382 346030
Fax: 01382 346034

<table>
<thead>
<tr>
<th>APPOINTMENT DETAILS (to be completed by OHSAS staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment with:</td>
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The University of St Andrews – Medical Student Referral

REFERRING PRO DEAN: ............................................................... 

<table>
<thead>
<tr>
<th>STUDENT DETAILS</th>
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<tbody>
<tr>
<td>Mr/Mrs/Miss/Ms:</td>
</tr>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td>Forename(s):</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>University Email:</td>
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<tr>
<td>*Matriculation No:</td>
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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:_____________________________