University of St Andrews | FOUNDED 1413

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

APPOINTMENT DETAILS (to be completed by OHSAS 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

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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?

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☐ 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:_____