



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):		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?
- 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: