Dear Colleague,

This patient has applied to a healthcare degree at St George’s, University of London and has been offered a place to study. As a routine screening prior to entry, it is necessary for the applicant to complete a health questionnaire and for you to check the applicant’s notes and complete the attached form.

As you will understand it is important for us to make sure that anyone joining a clinical profession will be able to withstand the rigors of such a demanding career**.** You must **not** complete this form if:

* You are related to the patient.
* If you do not hold the applicants notes or the notes that you have do not go back more 2 years.
* If you are the Practice Nurse or Nurse Practitioner or administrative staff.

If you require additional clarification as to the standards that we assess against, please feel free to visit the Higher Educational Occupational Physicians/Practitioners website: <https://heops.org.uk/guidance/>.

It is the patient’s responsibility to meet any costs relating the production of this report.

Yours sincerely,

**Dr Sam Thayalan MRCP MFOM**

**Consultant Occupational Physician**

**REPORT FROM GENERAL PRACTITIONER**

**(N.B. Contents are held in strict confidence by the Occupational Health Department).**

**Applicant's Name:**

**Applicant's Address:**

**Applicant's Date of Birth:**

**Course:**

**Year for which applied for commencement:**

**Dear Doctor,**

**The above-named has applied for clinical degree and we should wish the following questionnaire to be completed (the costs to be borne by the patient).**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are you (or your practice) the GP of the above named? |  |  |
| Are you in possession of the patients full medical records?  If not, please state from which year your records date: |  |  |
| Has the patient suffered from any significant (acute or chronic) medical or physical conditions?  e.g. Back conditions  Skin Conditions  Epilepsy or other loss of consciousness  Diabetes  Surgical operations  **IF YES, please give details overleaf** |  |  |
| Has the patient ever suffered from Psychological/Psychiatric conditions?  e.g. Mental illness  Self-harm  Substance abuse  Eating disorders  **IF YES, please give details overleaf** |  |  |

**N.B.** The patient is aware of their rights under the Access to Medical Reports Act. This form should be returned to the patient after completion. If you feel this is inappropriate, please inform the patient and, with their permission, send the form directly to the Occupational Health department at St George’s Hospital.

**If you have any reports from specialists, we would be very grateful for copies of these reports to expedite health clearance.**

|  |
| --- |
| **Any other relevant information:**  **Continue on separate sheet if necessary** |

**Doctor's Signature: ............................................................... Date: …………………………**

**Print Name: ............................................................................ GMC No. ……………………..**

**Practice Address:**

|  |
| --- |
| Practice Stamp – this **must** be included – please use a rubber stamp rather than a label (needed to counter fraud). |

**PLEASE NOTE:** a positive answer to any question does not automatically bar the patient from commencing their degree, nor are you asked to give your opinion on this patient's fitness for the course.

Every patient/applicant will be given the opportunity for an independent occupational health screen if appropriate.

Many thanks for your co-operation.

**Dr Sam Thayalan MRCP MFOM**

**Consultant Occupational Physician**