General
Medical
Council

Regulating doctors
Ensuring good medical practice

Gateways to the Professions
Advising medical schools: encouraging disabled students

Supplement: model health clearance form

The following letter and form were developed from documentation prepared by a working group of seven medical schools under the aegis of the Higher Education Occupational Practitioners group (HEOPS).

Covering letter to successful applicant

Dear Applicant,

Health clearance for XXX School of Medicine

Congratulations on being offered a place to study medicine at the XXX.

As part of your preparation for coming to medical school we wish to know about any impairments or health conditions which could affect you in your training so that, where appropriate, we can advise the School of any requirements you may have and discuss what adjustments can be provided to meet your needs.

Most health conditions and impairments, even if substantial, should not impede you from being accepted for training but the School has to ensure that you are capable, with support if needed, of acquiring the core clinical skills and competences to qualify and that you are able to work safely with patients. The requirements are defined in the GMC publication, *Tomorrow's Doctors*, available at www.gmc-uk.org.

Please complete the enclosed questionnaire and send it to the School's Occupational Health Service as soon as possible. If you have an impairment which affects you in your studies or everyday living or have had any of the illnesses or psychological difficulties asked about please provide information to help us appreciate how it affects you, and describe any special support measures that you use. If more information is needed before we can complete your assessment, one of the School's occupational health advisers will contact you within the next 2-3 weeks. Keep a photocopy of your questionnaire, in case other schools want you to complete the same one.

Once your health assessment is completed, we will let you know of this. We will also provide you with information on the vaccinations you will need to have before coming to school

Yours sincerely

Dr XX
Occupational Physician

Occupational health service

Prospective medical student health assessment	**CONFIDENTIAL**

Introduction

We are committed to ensuring equality of opportunity for students with impairments and health conditions. It is our legal responsibility to ensure that any barriers to our courses are removed and one way in which that can be achieved is to find out about you and your requirements. We also have to be assured that we can help you practise safely in training and in employment and so now you have been offered a place on the course we wish to begin this process by asking you to complete this form.

Confidentiality

All medical and sensitive personal information you provide will be held in confidence by the University/School Occupational Health Service. The school will only be informed of the need to make adjustments if it is relevant to your educational needs or patient safety and with your full involvement.

The School will provide all reasonable support to enable students with impairments and health conditions to complete their studies. Appropriate support can be provided for almost all circumstances even if the effects of impairment or ill health are substantial. However, because of a requirement to ensure patients are not harmed through involvement in medical training, if you have a condition which would make it impossible for you to work safely with patients or to acquire the skills necessary to complete training, even with adjustments and support, then you cannot be accepted onto the undergraduate medicine course. In this circumstance, the University will endeavour to offer you a place on an alternative course. However, you should not assume that your impairment or health condition will prevent your take-up of a place and we would be pleased to speak with you at the earliest opportunity about any concerns you may have.

Please contact xxx for further advice and support about disability, health and fitness to practise and confidentiality issues.

Please answer each of the following questions, providing brief detail on any questions answered ‘yes’. You should then complete the declaration in Section 3 and then arrange for your general practitioner, or usual doctor, to complete Section 4.

Once you have completed all sections, you should then send the form to the University/School Occupational Health Service. Keep a copy.

If you declare any impairment or health condition which may require us to adjust the course programme, or affect fitness for work with patients, an Occupational Health Adviser will contact you to assist you further within the next 2-3 weeks.

Data Protection Information:

If you join this University/School, this questionnaire will form the basis of your Occupational Health (OH) record. If you do not join, your questionnaire will be destroyed.

Records are held **in confidence** by the University/School Occupational Health Service, in line with the GMC's guidance on *Confidentiality*.

You may obtain access to your OH record by contacting the OH Clinic at xxx.

If you require further information contact the OH Service [give contact textphone, email, fax, telephone and address]

Section 1: Personal Details

Family name:__________________ Given name(s):______________________________

Date of birth: __________________ Male/female:__________ Title (Mr, Ms, Mrs etc)___

Contact address: _______________________ GP's name and address:____________

_____________________________________ ________________________________

_____________________________________ ________________________________

Tel: home _____________________________ Tel: _____________________________

Tel: mobile____________________________

Email: ________________________________

Section 2: Providing reasonable adjustments

In order to help us plan to make reasonable adjustments please supply the following information.

1. Do any of the following present you with difficulty?:

Mobility e.g. walking, using stairs	Yes	No
Agility e.g. bending, reaching up, kneeling down, maintaining balance	Yes	No
Dexterity e.g. writing, using tools	Yes	No
Physical exertion e.g. lifting, carrying	Yes	No
Communication e.g. speech	Yes	No
Hearing e.g. deaf, hard of hearing, tinnitus	Yes	No
Vision e.g. blind, visual impairment, colour blindness, tunnel vision	Yes	No
Learning e.g. dyslexia, dyspraxia, dyscalculia, impaired concentration	Yes	No

If **yes** to any of the above, give details e.g. extent of impairment, any support needs or course adjustments required.

2. Have you ever required arrangements at school, college or work to overcome barriers, e.g. equipment, extra time in exams, part-time working? Yes No

If **yes**, give details

3. Do you have any of the following:

Chronic skin conditions? e.g. eczema, psoriasis	Yes	No
Neurological disorder? e.g. epilepsy, multiple sclerosis	Yes	No
Allergies? e.g. to latex, medicines, foods	Yes	No
Endocrine disease? e.g. diabetes	Yes	No

If yes to any of the above, give details (e.g. when condition developed, severity, treatment and course adjustments required).

4. Have you ever been affected by:

Sudden loss of consciousness? e.g. a fit or seizure	Yes	No
Chronic fatigue syndrome? (or similar condition)	Yes	No
An illness requiring more than 2 weeks absence from school/work?	Yes	No
Mental health problems? e.g. anxiety, depression, phobias, obsessive-compulsive disorder (OCD), nervous breakdown, personality disorder, over-dose/self-harm, drug/alcohol dependency	Yes	No
An eating disorder? e.g. bulimia, anorexia nervosa, compulsive eating	Yes	No

If **yes** to any of the above, give details e.g. when condition developed, effects, treatment and course adjustments required.

5. Have you ever been assessed or treated by a psychiatrist, psychotherapist or counsellor?

Yes No

If **yes** give details e.g. when, reason, outcome.

6. Are you currently taking any medication or treatment? Yes No

7. Do you have any impairment or health condition not already mentioned for which you think you may require support or adjustments during your education or training?

Yes No

If **yes** to either of the above**,** give details.

8. What is your height?_______metres. What is your weight? _____ kg.

Section 3: Declaration

Please tick the relevant boxes and sign below

- ❒ The information I have provided on my impairment or health condition is **correct** to the best of my knowledge and belief.
- ❒ I consent to my information being held and processed by the OH Service as described above under ‘Data Protection Information’.

Signed:_______________________________ Date:

Section 4: Doctor's Certificate

Your patient has been offered a place to study medicine at XXXX.

All prospective medical students are required to complete a health questionnaire to help the school plan to meet any requirements for disabled students, make reasonable adjustments to the course to ensure that the applicant will be able to undertake the course successfully, and to ensure that the student is fit, on health grounds, to work with patients and practise as a doctor after qualification. We are not asking you for your opinion about their competence to practise, as this will be assessed during the course. However, we do require applicants' doctors to verify the impairment/disability and health information provided by applicants on the basis of their knowledge of the patient.

1. Are you the applicant's usual doctor?	Yes	No
2. Are you a relative of the applicant?	Yes	No
3. Do you hold the applicant's medical record?	Yes	No
4. According to your records and knowledge of the applicant, do the answers to questions in Section 2 appear correct?	Yes	No

Please add any comments below, if appropriate.

5. Are you aware of any additional medical information which may be relevant to this application?	Yes	No

If **yes** please provide details.

PLEASE NOTE. A medical examination is not required. Any fee required for completion of the form is the responsibility of the patient.

Doctor's Signature________________________

Date ____________________________________

Practice Stamp