Institute of Education

**DECLARATION OF HEALTH MEDICAL QUESTIONNAIRE**

**Notes for Guidance**

The assessment of your suitability to teach is a statutory entry requirement for teacher training set by the Department for Education. The University of Reading as a training provider has a responsibility to ensure that trainees have the health and physical capacity to teach and will not put children and young people at risk of harm.

It is recognised that people with disabilities or chronic illnesses have the capacity to teach and make a very valuable contribution to teaching and the University can assist by making any reasonable adjustments needed to support your training.

The purpose of the enclosed questionnaire is to provide the necessary information to your doctor so that the University can determine if you have the health and physical capacity to teach and, if you do, whether any reasonable adjustments are necessary.

Decisions are made on the basis of criteria which can be found via the Department for Education’s ITT criteria supporting advice which may be found online at: <https://www.gov.uk/government/publications/initial-teacher-training-criteria>.

As the form indicates, in exceptional cases your doctor may ask for a medical examination. The purpose of this examination will be to give you and the University advice about the implications of any health problems in relation to a teaching career.

## **PLEASE READ THE FOLLOWING NOTES CAREFULLY**

1. Only candidates who accept a place on an ITT related programme will be asked to complete the questionnaire.
2. Candidates should complete the form and pass to their usual doctor, who will determine whether medical examinations or specialist advice are necessary and will classify candidates as category A, B1, B or C (definition of categories can be found at the end of Form B).
3. The candidate is responsible for meeting any costs incurred.
4. Candidates should be aware that being placed in category B will not be disclosed in references.

Candidates placed in category B should arrange appropriate support during the programme, for example, those who require reasonable adjustments in relation to the ITT programme due to a disability or long term medical condition must register with the [University Disability Advisory Service](http://student.reading.ac.uk/essentials/_support-and-wellbeing/disability/before-you-arrive.aspx).

1. **All candidates must complete the questionnaire in full**. Section 1 asks for general information about candidates. Section 2 relates to specific health matters. The questions in this section should be answered by circling ‘Yes’ or ‘No’. If you answer yes please give further details, including any relevant dates, in the right-hand column.
2. **All candidates must sign the statement of consent and declaration** in Section 3.
3. Candidates should declare any physical or mental health condition. The candidate’s doctor will determine whether the condition(s) affect the candidate’s ability to carry out the role of a teacher safely. This means any condition that might affect their judgement or performance in a way that may pose a risk to others.
4. Failure to declare any details, which are subsequently discovered to be relevant for assessing your health and capacity to teach may lead to termination of training.
5. Candidates are required to enclose any relevant supporting evidence that may not be available to their doctor with the questionnaire. Examples might include an educational psychologist's report in the case of a Specific Learning Difficulty such as dyslexia.

**Please complete Form A and hand or scan and email both Form A and Form B to your doctor without delay in order to ensure that your doctor has enough time to complete the assessment. You will not be able to start the course unless you have been declared fit to teach.**

**Once your doctor has completed, signed and stamped the form please send a copy of FORM B ONLY to ittconfidential@reading.ac.uk**

**FORM A: DECLARATION OF HEALTH:**

IN CONFIDENCE

Please complete all sections of the form in block letters

SECTION 1: GENERAL INFORMATION

Personal Details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname/Family Name |  | | | | | | | | | |
| Forename(s) |  | | | | | | | | | |
| Title (Mr/Mrs/Miss/Ms) |  | Date of Birth (dd/mm/yy) | | | | | | |  | |
| Home Address  (including Postcode) |  | | | | | | | | | |
| Home Tel No. |  | | | | Mobile | |  | | | |
| Email |  | | | | | | | | | |
| Please tick here to confirm that you are happy to be contacted if necessary by: | Letter to home address | |  | Email | |  | | Telephone | |  |
| Please note: Your GP may refer to confidential personal information in correspondence. | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| University programme applied for | **Please tick:** |  |
| BAEd Primary Education |  | Subject specialism (where appropriate): |  |
| PGCE/School Direct Primary Education |  |  |
| PGCE/School Direct Secondary Education |  | Subject specialism: |
| PGCert Early Years Practice |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous job role (where appropriate)? |  | | |
| How much time have you lost from work or study due to illness in the last 2 years? | | |  |
| What were the reasons for absence? | |  | |

SECTION 2

Please answer all of the following questions by circling 'Yes' or 'No'. If you answer yes, please give further details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Have you ever had any illness or medical problem that may currently affect your ability to work safely as a teacher?  (Please include dates) | Yes | No | Details: |
| 2 | Have you been treated in hospital within the last 5 years?  (Please include dates) | Yes | No | Details: |
| 3 | Have you seen a doctor in the last year for any kind of health problem?  (Please include dates) | Yes | No | Details: |
| 4 | Are you having any treatment or investigations of any kind at the moment? | Yes | No | Details: |
| 5 | Are you waiting for any treatment, operation or investigation or had any in the past?  (Please include dates) | Yes | No | Details: |
| 6 | Do you have any visual impairment not corrected with glasses or contact lenses? | Yes | No | Details: |
| 7 | Do you have any hearing impairment? | Yes | No | Details: |
| 8 | Do you have any speech or communication impairment? | Yes | No | Details: |
| 9 | Have you been diagnosed with a learning difficulty such as dyslexia? | Yes | No | Details: |
| 10 | Have you been diagnosed with a developmental disorder such as autism or asperger syndrome? | Yes | No | Details: |
| 11 | Have you ever had back problems?  (Please include dates) | Yes | No | Details: |
| 12 | Have you ever had any problem with your joints including pain, swelling or stiffness?  (Please include dates) | Yes | No | Details: |
| 13 | Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia, or eating disorder (anorexia or bulimia)?  (Please include dates) | Yes | No | Details: |
| 14 | Have you ever had a drug or alcohol problem?  (Please include dates) | Yes | No | Details: |
| 15 | Have you ever had fits, blackouts or epilepsy?  (Please include dates) | Yes | No | Details: |
| 16 | Have you ever had any skin problems?  (Please include dates) | Yes | No | Details: |
| 17 | Have you ever had any heart, blood pressure or circulatory problems?  (Please include dates) | Yes | No | Details: |
| 18 | Have you ever suffered from asthma, bronchitis or other respiratory problems?  (Please include dates) | Yes | No | Details: |
| 19 | In the last 12 months have you had a cough for more than 3 weeks, coughed up blood or had any unexplained weight loss or fever?  (Please include dates) | Yes | No | Details: |
| 20 | Have you ever had hepatitis or jaundice?  (Please include dates) | Yes | No | Details: |
| 21 | Do you have any other medical conditions? | Yes | No | Details: |
| 22 | Are you on any medication at present? | Yes | No | Details: |
| 23 | Are you allergic to anything? If so what?  If you need to carry medication for this please specify | Yes | No | Details: |
| 24 | Do you need or would it assist you to have any special provision made to enable you to fulfil your training and/or subsequent employment? | Yes | No | Details: |

SECTION 3

**STATEMENT OF CONSENT AND DECLARATION**

**You are asked to consent to personal information about your health/medical needs being shared with the University**

The information given by your doctor will be used to make a decision about your health and physical capacity to teach and also to assess whether any additional support will be required during your period of study and training.

**Please tick the following boxes to confirm your consent:**

**Yes No**

|  |  |  |
| --- | --- | --- |
| I give consent for my doctor to share information on my medical condition with the university and, if necessary, to approach other medical advisers for further information |  |  |

**Please read the declaration below and then sign and date the form:**

**Yes No**

|  |  |  |
| --- | --- | --- |
| * I declare that the information I have given is true and complete to the best of my knowledge |  |  |

* I understand that I will be responsible for any fees associated with the completion of the form and the expenses of any medical report that may be required **Yes No**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Print name:**

**Signed:**

**Date of Signature:**

**FORM B: Doctor’s Assessment**

**APPLICANT: Please enter your full name and Reading ID number below and pass this form to your doctor for completion:**

|  |  |
| --- | --- |
| **Name:** | **Reading ID:** |

Your patient has been offered a place to undertake a Teacher Training programme at the University of Reading. All applicants are required to complete a health questionnaire to enable the University to assess their medical fitness to teach and, where appropriate, consider any reasonable adjustments or additional support needs. We would be grateful if you could verify the health information provided by your patient in the attached questionnaire:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 records? | Yes | No |
| 4. | According to your records and knowledge of the applicant, do the answers to questions in Section 2 appear correct? (please add any comments below) | Yes | No |
| 5. | Are you aware of any additional medical information which may be relevant to the application for teacher training? (If yes please provide details below) | Yes | No |

Details

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category (see definitions below - please circle one category only): | A | | B1 | B | C |
| Practice name and address:  Doctor’s Name:  Signature: | | Medical Practice official stamp:  Date: | | | |

|  |  |
| --- | --- |
| Category A | Those who have no medical conditions and have the health and physical capacity to teach, can execute the activities that a teacher must be able to perform, as set out in the Education (Health Standards) (England) Regulations 2003\*, and will not put children and young people at risk of harm. |
| Category B1 | Those who have a minor condition (such as asthma, hayfever, allergy) but have the health and physical capacity to teach, can execute the activities that a teacher must be able to perform and will not put children and young people at risk of harm. Reasonable adjustments will not be required to provide effective and efficient teaching. |
| Category B | Those who have the health and physical capacity to teach, can execute the activities that a teacher must be able to perform and will not put children and young people at risk of harm. These candidates suffer from conditions, which are likely to interfere to some extent with their efficiency in teaching either all subjects or certain specified subjects. These conditions are not serious enough to make the candidate unsuitable for the teaching profession but may require reasonable adjustments to be made to enable them to provide effective and efficient teaching. |
| Category C | Those whose condition means that they do not have the health and physical capacity to teach or cannot execute the activities that a teacher must be able to perform or who may put children and young people at risk of harm. |

\* \*A link to the regulations is available at: <https://www.gov.uk/government/publications/initial-teacher-training-criteria>).

Any fees payable for completion of this form are the responsibility of the patient. A medical examination is not required.

**Thank you for completing this assessment.**

**Please pass the completed form back to your patient for submission to the University.**

**Appendix - Further guidance about the health and physical capacity to teach check**

* The purpose of the University’s declaration of health questionnaire is to confirm a candidate's health and physical capacity for teaching.
* The candidate’s doctor is asked to consider the full facts of the case where there is a medical history and particularly where a candidate is currently free from signs or symptoms of disease.
* Permanent disability or long-term illness should not of themselves be medical reasons for a category C classification. Given reasonable adjustments by the university and training schools, it may be possible for such individuals to carry out all of their duties effectively. For candidates placed in category B, the medical adviser is invited to comment on any changes that candidates might need to assist them in pursuing their programme (similar to those which would constitute reasonable adjustments for employers).
* The activities that a teacher must be able to perform are set out in the Education (Health Standards) (England) Regulations 2003 (a link to the regulations is available in: <https://www.gov.uk/government/publications/initial-teacher-training-criteria>).
* When reporting on candidates, doctors should take specific account of the age group and/or main subject in which the candidate intends to specialise, although it may also be necessary to consider the likelihood of candidates undertaking contractual duties and whether adjustments need to be made. It should also be borne in mind that teachers in mainstream schools and further education colleges are increasingly likely to have responsibility for pupils with special educational needs, some of whom may be profoundly disabled.