

University of Reading
Medical Practice
University Health Centre
9 Northcourt Avenue
Reading RG2 7HE

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www.readinguniversitymedicalpractice.nhs.uk

Dear Doctor/Counsellor,

Re Fitness to Study Assessment

The bearer of this letter has either:

- suspended their course on medical/psychological grounds but now plans to resume their studies, or
- been granted repeat study after submission of an Exceptional Circumstance request on health/medical grounds, or
- been granted re-entry to Part 1 after a withdrawal on health/medical grounds.

Under these circumstances, University regulations require that, before students can be re-admitted, they must be medically/psychologically fit to do so. Usually, I am able to recommend re-admission on the basis of a satisfactory report from the professional responsible for their care.

I recognise that you will wish to act in the best interests of this student, so I would ask you to bear in mind that, if the student returns before he/she is fully fit, and finds it necessary to suspend his/her studies for a second time, this may be very demoralising, and may affect their access to Student Finance for further attempts.

Please note that ticking "no" in any of the boxes below will not necessarily prevent them from resuming their studies, but can enable the University to put in place the necessary support to enable the student to complete their course. Only the back page will be photocopied for this purpose for Student Services.

In order that I may advise the University concerning your patient, I would be most grateful if you could supply the following information. If you wish to charge a fee, the responsibility for payment lies with the student applying for re-admission. I would be happy to discuss the situation with you should you wish.

Yours sincerely,

Elizabeth Johnston

Dr Elizabeth Johnston
Acting as University Medical Adviser

SECTION 1 - For completion by Doctor/Counsellor

SECTION 1 - PERSONAL DETAILS	
Name of Student	
Diagnosis (of condition leading to suspension or repeating study)	
Is this condition now:	<input type="checkbox"/> Completely resolved? <input type="checkbox"/> Still present but improved? <input type="checkbox"/> Unchanged?
Details of medical/therapeutic work undertaken related to the diagnosis above (Including any current medication):	
In your opinion, is the student now fit to return to University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To help the University to support the student resuming studies, please tick the applicable boxes below:	Do you believe that the student may have difficulties coping with the stresses at University of Keeping up academically? <input type="checkbox"/> Yes <input type="checkbox"/> No Fitting in socially? <input type="checkbox"/> Yes <input type="checkbox"/> No Maintaining self sufficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you advise ongoing medical supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you advise ongoing psychological support? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Please describe any support which is already in place to support this student's return to studies:	
Signed	
Print Name	
Position	
Date	
Practice stamp (if applicable, or address)	

SECTION 2 – For Completion by the Student

Statement of Consent and Declaration to be completed by student

You are asked to consent to personal information about the conditions of your return being shared with other University staff and suitable individuals when it is appropriate to do so.

This information will be used to assess whether any additional support will be required from the University during your period of studies. It may be passed to other relevant staff involved with your studies such as the Student Disability Officer and your Course Tutor. The purpose of sharing information is to enable us to provide suitable support to help you successfully complete the course. It will also avoid you having to provide repeat information.

Please tick the following box to confirm your consent:

SECTION 2 – STATEMENT OF CONSENT AND DECLARATION			
I give my consent for information about the conditions of my return to be shared with relevant staff in order to help me receive appropriate support from the University.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am willing to comply with the above recommendations listed in Section 1 and will make the necessary arrangements		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Print Name		Student ID	
Email address		Mobile number	
School:		Course:	
Proposed date to return to studies:			
Name of <u>University Student Support Coordinator</u> <i>For Henley Helpdesk: Name of T&L Officer:</i>			
Email address of Student Support Coordinator: <i>For Henley Helpdesk: Teaching and Learning Officer email address:</i>			
Signed:		Date of Signature	

To the Student:

Please return this form at least 4 weeks before your planned return date, via email to: fts.medical@nhs.net

or alternatively to the address at the top of the first page in an envelope clearly marked
For the attention of the secretary to Dr E Johnston.

To the University Medical Practice:

On receipt of this form, please email this to the Student Support Coordinator as in the bottom of Section 2.

If this form is for a student from Henley Business School, please return the form to the Teaching and Learning Officer in the Henley Helpdesk by email: henleyschooloffice@henley.ac.uk