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

Phone: +44 (0)118 9874551

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 | Click here to enter text. |
| Diagnosis (of condition leading to suspension or repeat study) | Click here to enter text. |
| Is this condition now: | Completely resolved?  Still present but improved?  Unchanged? |
| Details of medical/therapeutic work undertaken related to the diagnosis above (Including any current medication): | Click here to enter text. |
| In your opinion, is the student now fit to return to University? | Yes  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?  Yes  No  Fitting in socially?  Yes  No  Maintaining self sufficiency?  Yes  No  Would you advise ongoing medical supervision?  Yes  No  Would you advise ongoing psychological support?  Yes  No |
| If yes, please specify: | Click here to enter text. |
| Please describe any support which is already in place to support this student’s return to studies: | Click here to enter text. |
| Signature |  |
| Print Name | Click here to enter text. |
| Position | Click here to enter text. |
| Date | Click here to enter a date. |
| Practice stamp (if applicable, or address) | Click here to enter text. |

### 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. | | Yes  No | |
| I am willing to comply with the above recommendations listed in Section 1 and will make the necessary arrangements | | Yes  No | |
| Print Name | Click here to enter text. | Student ID | Click here to enter text. |
| Email address | Click here to enter text. | Mobile number | Click here to enter text. |
| School: | Click here to enter text. | Course: | Click here to enter text. |
| Proposed date to return to studies: | | Click here to enter a date. | |
| Name of [University Student Support Coordinator](https://www.reading.ac.uk/essentials/Support-And-Wellbeing/Support-Arrangements/student-support):  F*or Henley Helpdesk: Name of T&L Officer:* | | Click here to enter text. | |
| Email address of Student Support Coordinator:  *For Henley Helpdesk: Teaching and Learning Officer email address:* | | Click here to enter text. | |
| Signature |  | Date of Signature | Click here to enter a date. |

### To the Student:

Please return this form at least 4 weeks before your planned return date, via email to: [fts.medical@nhs.net](mailto: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: [henleyschool](mailto:henleyschool)office@henley.ac.uk