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**Request for medical information: Return to Studies**

Your patient has provided this form because they have interrupted their programme at Imperial College London for medical reasons and are now planning to resume their studies. Our regulations and duty of care to your patient require us to assess their fitness to return. A crucial part of our decision making is a report from the professional responsible for their care during the interruption. We provide the form below as a guide to the information we need to make our decision. There are additional mandatory questions for students on medical programmes to assess the impact upon their placement in a practice setting.

Please note that indicating your patient is not fully recovered or ticking ‘no’ in any of the boxes below does not necessarily mean that they will be unable to return to the College. We will put support and reasonable adjustments in place based upon your feedback, however it is important that students only return when they are fit and able to do so.

**College Support**

The College provides several support mechanisms to students including counselling, long term mental health advice and 24/7 onsite volunteers within Halls of Residence. Should you require further information about the type and range of support on offer to students please visit the [College website](https://www.imperial.ac.uk/student-support-zone/).

**To be completed by the student:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Student name: |  |  |  |  |  |
|  |  | First name |  | Middle name |  | Last name |
| 2. | Programme of study: |  |
|  |  |  |  |  |  |
| 3. | Dates of interruption: |  |  |  |  |
|  |  | From |  | To |  |  |

 **Fit to return to studies form - to be completed by a medical professional:**

|  |  |  |
| --- | --- | --- |
| 1. | Diagnosis: |  |
|  |  |  |  |  |  |
| 2. | Length of medical treatment and support: |  |
|  |  |  |  |  |  |
| 3. | Is the condition now: |
|  |[ ]  Resolved | [ ]  Present but improved | [ ]  Unchanged |

**Overview of medical or therapeutic work undertaken since interruption:**

|  |  |
| --- | --- |
| 4. | In your opinion, is the student fit to return to university? |
|  |[ ]  Yes | [ ]  Yes, with support | [ ]  No |
| 5. | Do you believe that your patient may have difficulty with: |
|  |[ ]  Keeping up with academic studies | [ ]  Integrating into the College community | [ ]  Living independently / maintaining self-sufficiency |
| 6. | Would you advise ongoing psychological support? |
|  |[ ]  Yes | [ ]  No | [ ]  Not applicable |
| 7. | Do you think the student would benefit from living in a hall of residence? |
|  |[ ]  Yes | [ ]  No | [ ]  Not applicable |
| 8. | If “*yes*” to any of the above, please comment: |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**For students on medical programmes ONLY – Please complete these additional questions:**

|  |  |
| --- | --- |
| 1. | Is there an illness that could impair the student’s academic performance? |
|  | 1.1 If yes, what support measures/reasonable adjustments might help mitigate the effects on 1? |
|  |  |  |
|  |  |  |
|  | 1.2 If no, are there any other support measures/reasonable adjustments which might help the student? |
|  |  |  |
|  |  |  |

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| --- | --- |
| 2. | Is there an illness that may affect patient safety when students are in a practice environment? If so, how? |
|  |  |  |
|  |  |  |
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| --- | --- |
| 3. | Are there any concerns that the student should not be permitted to undertake clinical duties? If so, provide details. |
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| --- | --- |
| 4. | Has the student adequately sought treatment to resume their studies / made a meaningful recovery during their interruption from the programme? |
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| --- | --- |
| 5. | Do you have any Fitness to Practice concerns now or in the near future? |
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| --- | --- |
| 6. | Do you feel there is a risk of relapse over the next 12 months? |
|  |  |  |
|  |  |  |

I confirm that I am an independent healthcare practitioner. I am not related to this patient and I have been treating them during their Interruption of Studies.

|  |
| --- |
| Do you work at Imperial College Health Centre? |
|  |[ ]  Yes | [ ]  No |  |
| Signature: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  |  | First Name |  |  | Last Name |
| Date: |  |  |  |  |  |
|  |  | DD |  | MM |  | YYYY |

|  |  |
| --- | --- |
| Position/specialty: |  |
|  |  |  |  |  |  |
| Professional registration number: |  |