



PROSPECTIVE MEDICAL STUDENT HEALTH ASSESSMENT 2026

Information to prospective students

Following the offer of a conditional/firm place to study medicine at the University of Cambridge, we are committed to ensuring equality of opportunity for students with impairments and health conditions. Your answers to this health questionnaire will help to ensure that your medical training will not place your health at risk and will also help to determine, in terms of fitness to fulfil the requirements of the General Medical Council (GMC), your suitability to work as a doctor.

The School/College will provide all reasonable support to enable students with impairments and health conditions to complete the course.

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 it may be the case that you cannot be accepted on the undergraduate medicine course. In this circumstance the University will endeavour to offer you a place on an alternative course. You should not assume however, 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.

As a potential future doctor, you have a duty to provide all relevant and accurate information to the University of Cambridge Occupational Health Service where it will be held in confidence. The Clinical Dean will only be informed of the implications of any impairment or health condition for your training needs with your consent; including the need for making reasonable adjustments or providing other support.

Please start by completing Section 1 and go on to each of the following questions in Section 2 and, in the case of positive answers, provide additional information in the space provided attaching further details on a separate sheet were necessary. If you require special aids or have special needs, please give details of these and indicate whether they have already been discussed during the admissions process. If not, please contact your College Admission Tutor and/or the University of Cambridge Accessibility and Disability Resource Centre (ADRC):

tel: +44(0)1223 332301

email: disability@admin.cam.ac.uk

Following this, complete the declaration and the attached vaccination history form [OHF13]. If you have any questions regarding the completion of your vaccination history, please contact the University of Cambridge Occupational Health Service for advice.

The completed documents (including copies of your vaccination records) should then be posted to the University's Occupational Health Service, 16 Mill Lane, Cambridge, CB2 1SB, or emailed to OccHealth@admin.cam.ac.uk

If you require further information or have any questions, contact the University of Cambridge Occupational Health Service email: OccHealth@admin.cam.ac.uk or tel: +44(0)1223 336594.

Further information from the General Medical Council (GMC) including fitness to practise and supporting medical students with mental health conditions can be found here:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp>

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/supporting-students-with-mental-health-conditions>

Please return the completed Health Assessment Form [OHF11] and Immunisation Record Form [OHF13] to Occupational Health by:

Friday 27 March 2026 (Pre-clinical Medicine (A100))

Friday 24 April 2026 Cambridge Graduate Course (CGC A101)

Data Protection Information

If you join the University of Cambridge this questionnaire will form the basis of your Occupational Health record. If you do not join, your questionnaire will be destroyed.

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

You may obtain access to your Occupational Health record at any time by contacting:

Occupational Health
16 Mill Lane
Cambridge
CB2 1SB

Tel: +44 (0) 1223 336594
Email: OccHealth@admin.cam.ac.uk

Section 1 – Personal Details

Surname _____ Title: _____

First name _____ Middle name(s) _____

Preferred name _____ Date of Birth _____

Contact Address _____

Post code _____

Telephone numbers: Home: _____ Mobile: _____

E-mail address _____

GP name and address _____

GP telephone number _____

NHS number (if known) _____

Course applied for Pre-clinical Medicine (A100)

(please indicate) Cambridge Graduate Course (CGC A101)

Section 2 - Health and Functional Capabilities

<p>1. Do you have problems with any of the following?</p> <p>a. Mobility e.g., walking, using stairs</p> <p>b. Agility e.g., bending, reaching up, kneeling down, maintaining balance</p> <p>c. Dexterity e.g., writing, using tools</p> <p>d. Physical exertion e.g., lifting, carrying</p> <p>e. Communication e.g., speech</p> <p>f. Hearing e.g., deaf, hard of hearing, tinnitus</p> <p>g. Vision e.g., blind, visual impairment, colour blindness, tunnel vision</p> <p>h. Learning e.g., dyslexia, dyspraxia, dyscalculia, impaired concentration</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes to any of the above, please give details e.g., extent of impairment, any support needs or course adjustments required.

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<p>2. Have you ever required special arrangements at school, college or work to overcome any learning barriers e.g., equipment, extra time in exams, part-time working</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes, please give details

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Where applicable please indicate whether or not you have informed your Admissions Tutor and/or the University Accessibility and Disability Resource Centre (ADRC) about any impairment or health condition that requires support during your training.

Admissions Tutor Yes No
 Accessibility and Disability Resource Centre Yes No

If not and you are seeking support please contact your Admissions Tutor, ADRC / or Occupational Health to discuss your needs.

<p>3. a. Do you have any chronic health condition requiring on-going health care and/ or medication? e.g., eczema or skin condition, asthma</p> <p>b. Do you have any allergies e.g. latex, medicines, food?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes to any of the above, please give details e.g., when condition developed, severity, treatment and course adjustments required.

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<p>4. Have you ever been affected by:</p> <p>a. Sudden loss of consciousness e.g., a fit or seizure</p> <p>b. Chronic fatigue syndrome (or similar condition)</p> <p>c. An illness requiring more than two week's absence from school or work</p> <p>d. Mental health problems e.g., anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose, self-harm, drug or alcohol dependency</p> <p>e. An eating disorder e.g., bulimia, anorexia nervosa, compulsive eating</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes to any of the above, please give details e.g., when condition developed, how long it lasted, its effects on you, treatment.

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5. Have you ever been assessed or treated by a psychiatrist, psychotherapist or counsellor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details e.g., when, reason, outcome

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6. Are you currently taking any medication or treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details

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7. Do you have any impairment or health condition not already mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details

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8. What is your height?	metres
What is your weight?	kg

Declaration

Please tick the relevant boxes and sign below

- The information I have provided is correct to the best of my knowledge and belief.
- I consent to my information being held and processed by OH as described above under 'Data Protection Information'.

Signed:

Date:

If you declare an impairment or health condition which may require adjustments to assist you in your training or affect your work as a doctor, then an Occupational Health Adviser will contact you to assist you further.