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.

There is a requirement to ensure your medical training will not place your health at risk and that patients are not harmed through involvement in medical training. 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 Disability Resource Centre tel: +44(0)1223 332301 email: disability@admin.cam.ac.uk

Following this, complete the declaration and arrange for your General Practitioner (GP) to complete Section 3 and the attached vaccination history form [OHF13]. If the GP or practice nurse is unable to help you with your vaccination history please contact the University of Cambridge Occupational Health Service for advice.

The completed documents should then be sent to the University’s Occupational Health Service, 16 Mill Lane, Cambridge, CB2 1SB.

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) regarding fitness to practise and supporting medical students with mental health conditions can be found here: http://www.gmc-uk.org/education/undergraduate/undergraduate_policy.asp

Please return the completed Health Assessment Form [OHF11] and Immunisation Record Form [OHF13] to Occupational Health by Friday 1 March 2019.
### 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](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  
Fax: +44 (0) 1223 762948  
Email: OccHealth@admin.cam.ac.uk

### Section 1 – Personal Details

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<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Surname</td>
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<tr>
<td>First name</td>
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<tr>
<td>Middle name(s)</td>
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<tr>
<td>Preferred name</td>
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<td>Date of Birth</td>
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<tr>
<td>Contact Address</td>
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<tr>
<td>Post code</td>
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<tr>
<td>Home</td>
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<tr>
<td>Mobile</td>
<td></td>
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<tr>
<td>E-mail address</td>
<td></td>
</tr>
<tr>
<td>GP name and address</td>
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<tr>
<td>GP telephone number</td>
<td></td>
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<tr>
<td>NHS number (if known)</td>
<td></td>
</tr>
<tr>
<td>Course applied for</td>
<td>Pre-clinical Medicine (A100)</td>
</tr>
<tr>
<td>Course applied for (please indicate)</td>
<td>Cambridge Graduate Course (CGC A101)</td>
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</tbody>
</table>
### Section 2 - Health and Functional Capabilities

1. Do you have problems with any of the following?
   - **Mobility** e.g., walking, using stairs
   - **Agility** e.g., bending, reaching up, kneeling down, maintaining balance
   - **Dexterity** e.g., writing, using tools
   - **Physical exertion** e.g., lifting, carrying
   - **Communication** e.g., speech
   - **Hearing** e.g., deaf, hard of hearing, tinnitus
   - **Vision** e.g., blind, visual impairment, colour blindness, tunnel vision
   - **Learning** e.g., dyslexia, dyspraxia, dyscalculia, impaired concentration

   If yes, please give details *e.g., extent of impairment, any support needs or course adjustments required.*

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*?

   If yes, please give details.

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

- **Admissions Tutor**
- **Disability Resource Centre**

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

3. a. Do you have any chronic health condition requiring on-going health care and/or medication?
   - e.g., eczema or skin condition, asthma
   - b. Do you have any allergies e.g., latex, medicines, food?

   If yes to any of the above, please give details *e.g., when condition developed, severity, treatment and course adjustments required.*

4. Have you ever been affected by:
   - **Sudden loss of consciousness** e.g., a fit or seizure
   - **Chronic fatigue syndrome** (or similar condition)
   - **An illness requiring more than two week’s absence from school or work**
   - **Mental health problems** e.g., anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose, self-harm, drug or alcohol dependency
   - **An eating disorder** e.g., bulimia, anorexia nervosa, compulsive eating

   If yes, please give details *e.g., when condition developed, how long it lasted, its effects on you, treatment.*
5. Have you ever been assessed or treated by a psychiatrist, psychotherapist or counsellor?  
Yes □ No □
If yes, please give details e.g., when, reason, outcome .................................................................................................................................................................................................
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6. Are you currently taking any medication or treatment?  
Yes □ No □
If yes, please give details .................................................................................................................................................................................................................................................................
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7. Do you have any impairment or health condition not already mentioned?  
Yes □ No □
If yes, please give details .................................................................................................................................................................................................................................................................
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8. What is your height?  
measures

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.

Please take the completed form to your GP and request that s/he completes Section 3. You will be responsible for any fee charged by your GP.
Section 3

Your patient has been offered a place to study medicine at the University of Cambridge. All prospective medical students are required to complete a health questionnaire to enable an Occupational Health professional at the University to assess their medical fitness and where appropriate consider any reasonable adjustments or additional support needs.

We require applicant’s doctors to verify the health information provided by applicants on the basis of their knowledge of the patient.

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<table>
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<tbody>
<tr>
<td>1. Are you the applicant’s usual doctor?</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>2. Are you a relative of the applicant?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>3. Do you hold the applicant’s medical record?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>4. According to your records and knowledge of the applicant, do the answers to questions in Section 2 appear correct? <em>(Please add any comments below, if appropriate)</em></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5. Are you aware of any additional medical information which may be relevant to this application? <em>(If 'yes', please provide details)</em></td>
<td>Yes ☐ No ☐</td>
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**Details**

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**PLEASE NOTE:**

A medical examination is not required. Any fee required for completion of the form is the responsibility of the patient.

GP’s signature

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Print Name

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Date

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**Practice Stamp**