



## Fitness to Study - Letter of Certification

This form should be submitted by the **Tutor / Supervisor** to Student Cases by emailing [studcase@tcd.ie](mailto:studcase@tcd.ie) (for Undergraduates) and [pgcases@tcd.ie](mailto:pgcases@tcd.ie) (for Postgraduates).

Please complete ALL sections below in BLOCK capitals. Incomplete forms will cause delays in processing.

### Section A: To be completed by a medical practitioner: GP/Consultant/ Psychological Therapist and submitted by 1 August

Date of Request:	<input style="width: 95%;" type="text"/>	Name and title of GP/ Consultant/Therapist:	<input style="width: 95%;" type="text"/>
Student's Name:	<input style="width: 95%;" type="text"/>	Contact Telephone:	<input style="width: 95%;" type="text"/>
Student's Date of Birth	<input style="width: 95%;" type="text"/>	Medical condition/ disability diagnosis:	<input style="width: 95%;" type="text"/>
		Original date of diagnosis*:	<input style="width: 95%;" type="text"/>

\*The original date of diagnosis may be important in terms of registration for exam accommodations as well as Trinity having an understanding if this is a long-standing issue or a new diagnosis for the student.

Prognosis:

*The prognosis may be an important factor when considering if the student should be encouraged to register for supports from the Disability Service so reasonable accommodations can be put in place following an assessment of need & a Learning Educational Needs Assessment (LENS) report.*

Please state how often you have seen this student in the last 12 months?

*It is important to be aware that Trinity College cannot provide medium to long term medical, psychiatric or counselling services (Maximum 8 counselling sessions per year) for students. If in your opinion the student will need on-going supervision/monitoring or psychological/ medical support, please specify who will be responsible for this. The student must be referred to these prior to reengaging with college. The frequency of these appointments need to be stated and who is responsible for these.*

Please list any medication and/or treatments this student is presently undertaking and who is responsible

In your opinion, will this student require ongoing supervision/monitoring of their condition over the next 12 months? Yes          No

If yes, state how often:

Weekly      Fortnightly      Monthly      Every 3 Months      Every 6 Months

Who will provide this supervision?

*Having a named external person who is responsible for the student's care would be very useful for the student and college as we can liaise with the person if there are any concerns regarding the student.*



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Any additional supports the student is availing of:

Psychotherapy      Occupational Therapy      Physiotherapy      Other

If you selected other, please list the support the student is availing of:

**Having discussed the demands of college life with the student:**

*We are aware that academic pressures are just one of the difficulties for all students. In some cases, students may be deemed fit to study but may not be able to participate in social activities. If college are aware of this, it may mean a relevant care plan may be put in place for a student to ensure they have the best chance of completing the academic term.*

Is the student able to maintain a routine and manage self-care:      Yes      No      Other

If *other*, please state why:

Is the student able to manage the academic aspects of College:      Yes      No      Other

If *other*, please state why:

Is the student able to manage the social aspects of College:      Yes      No      Other

If *other*, please state why:

Is the student fit to live independently in Trinity managed accommodation:      Yes      No      Other

*The college also has a duty of care for all students and staff. Please bear this in mind when making your recommendations with regard to returning to campus or accommodation.*

If *other*, please state why:

Is this student fit for placement/internship/foreign exchange placement?      Yes      No      Other

If *other*, please state why:

In your opinion, is this person fit to return to study?      Yes      No      Other

If *other*, please state why:



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Outline the effect the medical condition/disability may have on learning/attendance at College (state the impact, if any, on day-to-day activities) etc. or any additional comments:

*It is important to note any impact the disability/condition may have on academic performance or attendance. If the college is aware of these, they can be factored into a student's LENS report.*

Students who have gone off-books on medical grounds that relate to an eating disorder, e.g., anorexia nervosa) are required to provide a medically certified BMI reading that is taken within a month of the anticipated return date to College. The College operates the HE-OPS, Higher Education Occupational Physicians guidelines for Fitness to Study. A minimum BMI of 16.5 is required for fitness to return to study. Please provide the most recent BMI reading if required.

**Doctor's Signature**

**Date**

**Office Stamp**

**Section B: Consent and Privacy Statement**

This form together with all supporting documentation is submitted on the understanding that the data contained therein are used solely for the purposes of the consideration of Return to College. The data will be retained in a secure location for the period of a student's registration in College, together with an additional period of thirteen months following graduation. Thereafter, all data will be erased.

Further details on the data protection regulations pertaining to these materials can be found at [www.tcd.ie/privacy/](http://www.tcd.ie/privacy/). You are asked to read these carefully and indicate your consent below to the submission of all documentation relevant to your appeal subject to these regulations.

**Student's Signature**

**Date**

**References**

[College Calendar](#)

[Student Cases Website](#)