

Part C - To be completed by the Occupational Health Doctor

To be completed by the Occupational Health Doctor.

Where this is not possible, a GP or Specialist can provide medical report, however any costs or fees for providing this report are chargeable to the applicant.

It is recommended that before the doctor considers completing this form, they access the ill health factsheets, which may be downloaded from the NHS Pensions website www.nhsbsa.nhs.uk/nhs-pensions

Medical Information

a. Please list all currently diagnosed medical conditions giving date of onset for each.

b. Provide details of the reported reason(s) for current incapacity.

c. Please provide details of the past course of any medical conditions currently reported as giving rise to incapacity.

- d.** Please provide details of reported symptoms, objective clinical findings, investigation findings, reported functional impairment and objectively confirmed functional impairment.

- e.** Please describe all relevant (to currently incapacitating conditions) therapeutic intervention to date giving details of the nature of treatments, dates, durations, compliance, response and any adverse effects.

- f.** What is the likely future course of this member's health and function, with normal therapeutic intervention over the period to Normal Pension Age?

g. These questions relate to functional abilities and must be completed by the occupational health doctor. GPs and clinical specialists may comment if they feel able to do so.

1. How does this member's diagnosed medical condition(s) impact on their capacity to carry out their NHS duties?

2. What recommendations have you made to the employer?

3. Are there any work place issues and how have they been addressed?

4. With normal therapeutic intervention please comment on the likelihood of improvement in functional abilities before the Normal Pension Age.

5. Please summarise information you consider to be relevant to this member's long term incapacity for the duties of their NHS employment.

6. Please summarise information you consider to be relevant to this member's long term incapacity for any regular employment.

Please attach copies of any consultant medical specialist reports or case notes which you have in relation to the member's present medical condition which might be useful in processing this application. Access to this information may prevent delays in reaching a decision on this person's application.

h. Terminal illness

1. Does this member have a medical condition that has a serious impact on life expectancy?

Yes No

2. In your opinion, is the member's life expectancy less than one year?

Yes No

3. If answer to question 2 is 'Yes' and information is available from the relevant specialist, please include a copy of their report / correspondence.

Important

Is the member aware of the diagnosis? Yes No

Is the member aware of the prognosis? Yes No

Please list the papers enclosed with this application:

Please provide the following details as fully as possible.

About the consultant

Name of consultant

Name and address of the hospital where the member was last seen by the consultant (or, if seen privately, the consultant's private address)

Post code									

What does the consultant specialise in?

Date when the member was last seen by the consultant? (if known)

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Doctor's details

Full name

Address

Post code									

Telephone number

I am this person's

Consultant / Occupational Health Doctor

Consultant / Hospital Doctor

General Practitioner

Tick the box if you wish to claim a fee from NHS Pensions for completing this form.

Please note that Occupational Health Doctors **cannot** claim a fee. Hospital Doctors / Consultants **cannot** claim a fee **unless** the person concerned is not a patient and they need a special examination or case note study.

Signature

Date

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Please send the completed form with any additional medical reports received in connection with this application to **NHS Pensions**, PO Box 2269, Bolton, BL6 9JS.

Please ensure this section is attached to Parts A and B.