

# Health Statement

To assist the college to support and guide you, can you please tick one of the below boxes which best represents your needs and provide all additional information where appropriate.

Please refer to the General Osteopathic Council's *Student Fitness to Practise* and *Osteopathic Practice Standards* guides for further assistance.

<http://www.osteopathy.org.uk/resources/publications/Student-fitness-to-practise-guidance/>

<http://www.osteopathy.org.uk/resources/publications/standards-of-practice/>

<http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/management-of-health-and-disability/>

<http://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/students-with-a-disability-or-health-impairment-guidance-for/>

Please tick one box only.

(Tick if applicable). I confirm that I do not know of any issues relating to my physical or mental health or to any medication that I am currently taking that could affect my fitness to practise as an osteopathic student.

(Tick if applicable) I confirm below any current conditions or medication that could affect my fitness to practise.

Please give further information here:

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I confirm that I shall inform the College via the Academic Registrar (or other senior member of staff) should my current physical or mental health or medication status change at any time up until the point of graduation. I also give permission for the College to make such reasonable enquires of my treating physician, as it sees fit, in order to fully consider the effects of any such issues on my fitness to practice.

**Students Name:** ..... **(CAPITALS)**

**Signature:** .....  
(Electronic signature is not accepted)

**Date:** .....

## **Data Protection Act 2018**

The personal information obtained by the completion of this form will be used to assess a student's medical fitness for course attendance. The College Occupational Health Assessment Committee may require further information about a student's health and their consent will always be sought before obtaining further reports from any of their medical advisors. The

contents of this form and all medical information obtained will be stored securely and remain confidential to the Registrar and members of the College Occupational Health Assessment Committee. On enrolment students will be asked to sign a confidentiality waiver allowing the College to share any medical information disclosed with selected members of faculty and staff where there may be Health and Safety considerations or if it is felt that the student may benefit from extra assistance. Further details are available in the BCOM Privacy Notice (Admissions) which can be found at <https://www.bcom.ac.uk/wp-content/uploads/2018/05/BCOM-GDPR-Privacy-Notice-Admissions.pdf>.

**Notes:**

A College graduate is eligible to apply for membership of the General Osteopathic Council and the General Council and Register of Naturopaths provided that applications for membership are endorsed by the college faculty and/ or Board of Governors.

Throughout this document, unless otherwise stated, the term **student** refers to all students registered at the British College of Osteopathic Medicine.

The term **College** refers to the British College of Osteopathic Medicine.