

**Confidential Medical Report for Occupational Health Service Provider
To Accompany a Doctor to Doctor Report**

TO BE COMPLETED BY Member *Please note that incomplete applications may give rise to a delay*

Member's FULL NAME <i>(Block Capitals)</i>					
Address					
Phone number		Date of Birth			
Mobile phone number		PPSN			
School Name and Address					
Roll No		School Type	Sec	C+C	Primary

Note to Doctor

I am applying for pension and lump sum from the Superannuation Scheme, on the grounds of permanent medical infirmity. If awarded ill health retirement I will be deemed to have retired from my duties and I accept that I will be prohibited from taking up duties thereafter in any capacity in an educational establishment funded by the State.

The first step in this process is for you as my current treating doctor to complete and provide a confidential medical report to the Occupational Health Service provider detailed below. Please attach a "Doctor to Doctor" report to this form detailing your diagnosis, treatment and prognosis and forward to the address below. The "Doctor to Doctor" report is to include responses to the following questions:

- What has been the state of the patient's health during the last five years?
- What is the nature of the physical or psychiatric condition(s) from which the patient is now suffering?
- Treatment options which have been undertaken (eg medication/ surgical treatment/ counselling/ psychotherapy etc)?
- Have all reasonable treatment options been explored?

TO BE COMPLETED BY CURRENT TREATING DOCTOR.

1 Are you the member's current treating doctor?					
2 How long has this member attended you as a patient?					
3 When has this member last attended you as a patient?					
4 If the member has been attending a specialist physician you should include a report from that specialist.		<i>Attending specialist Yes/No</i>	<i>Report attached Yes/No</i>		
DOCTORS NAME <i>Block Capitals</i>					
DOCTORS SIGNATURE					
Doctor Stamp		DATE			
Thank you for completing this form and providing medical report. Your opinion is appreciated.		Please tick that you have attached report as requested			

*Completed form and Doctor to Doctor report must be forwarded by the current treating doctor to:
Medmark Doctor, Medmark Occupational Health, 28 Penrose Wharf, Penrose Quay, Cork.
All correspondence will be dealt with in the strictest confidence*