

Health Assessment Framework Template

Applicant's name

Application number

Evaluated by

Date

 / /

General description of nature and seriousness of the condition

Currency of diagnosis

Pattern of condition

Is condition active, relapsing?

Management of condition

Is there an appropriate treatment management plan in place and if so is applicant compliant?

Are there reasonable adjustments which can be made to enable the applicant to practise?

Is applicant precluded from carrying out any duties?

Risk to the public or colleagues

Disclosure of condition

Supporting information

Does the condition constitute adverse physical or mental health?

YES / NO

Does the applicant lack insight into the condition and its implication for practice?

YES / NO

Is the condition under control?

YES / NO

Is there any history of non-compliance with treatment or assessment?

YES / NO

Given the information provided, would the condition impair the applicant's ability to practise such that they would pose an actual risk to the public or to colleagues?

YES / NO

Recommendation

Health Assessment Framework Template

Registrar / Deputy Registrar

Reasons

Signature

Date

/ /