

**Standard  
Operating  
Procedures  
Manual**

**A Manual for Boards of Management/VECs**

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## **Occupational Health Strategy for Teachers**

An Occupational Health Strategy has been put in place as a supportive resource for teachers. The aim of this strategy is to promote the health of teachers in their workplace, with a focus primarily on prevention rather than cure and has been progressed in consultation with teachers unions and management bodies. The Occupational Health Strategy comprises of the Employee Assistance and Occupational Health Services for teachers.

### **The Employee Assistance Service for Teachers**

The Employee Assistance Service is the first stage in the development of an overall Occupational Health Strategy for teachers. An external provider has been contracted by the Department of Education and Science to deliver the Employee Assistance Service.

The purpose of the EAS is to provide teachers and their immediate family members with easy access to confidential counselling and to assist in coping with the effect of personal and work-related issues. The service which is free and confidential has been available since November 2006 to teachers serving in primary and post-primary schools.

The following services are available:

- Telephone Counselling – single sessions or short term structured counselling
- Face to Face counselling – up to six counselling sessions

Counselling is provided on issues such as health, relationships, addictions, bereavement, stress, conflict, critical incident and trauma.

#### **Accessing the service**

**EAS** is available 24 hours a day, 365 days a year.

For additional information on the EAS just click on to the Department of Education and Science Website, [www.education.ie](http://www.education.ie) and follow the link provided.

# 1 INTRODUCTION TO OCCUPATIONAL HEALTH SERVICE

Those who appoint and employ teachers have responsibilities for ensuring the health, safety, well-being and educational progress of students. They also have a duty under Section 8 of the **Safety, Health and Welfare at Work Act 2005** to “ensure, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees”. In order to discharge these management responsibilities effectively, it is essential that employers of teachers access professional occupational health advice on teacher medical fitness. The Occupational Health Service is being put in place by the Department to provide employers with health advice in relation to teachers in posts which are Oireachtas funded.

This Standard Operating Procedures Manual aims to assist employers of teachers in accessing the services of the Occupational Health Service for teachers and should be read in conjunction with the Occupational Health Guide for Boards of Management/VECs and primary and post-primary Sick Leave circulars as appropriate.

## **Definitions**

Employer – the term “employer” means a Vocational Education Committee and in the case of primary, voluntary secondary, community and comprehensive schools, a Board of Management/Manager. The Vocational Education Committee or Board of Management/Manager may delegate responsibility outlined in this guide to the Principal of the school.

The Department – Department of Education and Science

Occupational Health Service – an EU procurement process is undertaken every three to five years. The current provider of this service is Medmark Occupational Health

### **Contact Details**

Medmark Occupational Health  
28 Penrose Wharf  
Penrose Quay  
Cork

Phone: 1890 235 711

[www.medmark4teachers.ie](http://www.medmark4teachers.ie) or [www.education.ie](http://www.education.ie) and follow the link provided

## 2. ASSESSMENT OF MEDICAL FITNESS PRIOR TO APPOINTMENT AS A TEACHER (Pre-Employment Medical Questionnaire)

It is essential that the system of assessing medical fitness to teach be completed and fitness confirmed before the \*successful candidate takes up a teaching post.

All prospective candidates are screened initially by pre-employment medical questionnaire. The procedure is as follows:

- The employer advises the prospective candidate to log onto [www.medmark4teachers.ie](http://www.medmark4teachers.ie) in order to complete and return a pre-employment medical questionnaire online
- In the event of the prospective candidate not having internet access, the pre-employment medical questionnaire may be printed from the above website. Upon completion the questionnaire must be returned by post to the address provided on the form

When received the pre-employment medical questionnaire is reviewed by the Occupational Health Service. This will prompt the following actions:

- 1) Occupational Health Service will issue notification to the employer confirming the candidate's fitness to teach *or*
- 2) Occupational Health Service will make contact with the candidate to clarify disclosed medical information. Once clarification is received notification regarding fitness to teach will issue to the employer *or*
- 3) Occupational Health Service will request the candidate to attend for a pre-employment medical. The decision to request that a candidate attends is discretionary and based on the evaluation of the pre-employment medical questionnaire. Once the pre-employment medical is complete notification regarding fitness to teach will issue to the employer. Pre-employment medical assessments may on occasion result in the Occupational Health Service identifying reasonable accommodation requirements for those with a particular disability or may result in confirming fitness to teach with some restrictions on duties applied

A sample pre-employment medical questionnaire (PEMQ1) for teachers is located on page 9 of this manual

\* Please note that only the successful candidate should complete a pre-employment medical questionnaire.

### **3 SICKNESS ABSENCE AND MEDICAL FITNESS TO RETURN TO WORK**

General criteria for referring teachers to the Occupational Health Service: (please also refer to Occupational Health Service Guide for Boards of Management and Primary and Post Primary Sick Leave Circulars where appropriate)

- 1 Non-discretionary:  
Teachers who have been absent as a result of illness for 8-12 or more weeks cumulatively or continuously in a 12 month period
- 2 Discretionary referrals: Teachers about whom the employer has concerns relating to their medical fitness for work.

#### **Employers Role**

- The employer may seek advice by telephone from the Occupational Health Service
- The employer makes a decision to refer a teacher to the Occupational Health Service
- The employer must inform the teacher of the decision to refer and outline why this decision is being made
- The employer completes an online referral form by logging onto [www.medmark4teachers.ie](http://www.medmark4teachers.ie) – A sample referral form (MEDREF1) is located at page 13 of this manual
- A copy of the referral form must be made available to the teacher together with a copy of the Frequently Asked Questions located on pages 13-15 of this manual

#### **Occupational Health Service Role**

- Occupational Health Service will decide if criteria for medical referral are met
- The Occupational Health Service will explain to the employer the reasons why the referral is not to proceed
- If medical referral is appropriate the Occupational Health Service arranges an appointment with an Occupational Health Physician in one of the regional centres
- The Occupational Health Service will inform the employer of time/date/venue for appointment

#### **Medical Assessment**

- Part of the medical assessment will involve the completion of Occupational Health Assessment form. A sample assessment form (OHA1) is located on page 16 of this manual
- An Occupational Health Physician will carry out the assessment.
- The Occupational Health Physician will advise the teacher that a report will issue to the employer in due course. An opinion will not usually be given to the teacher on the day.
- The Occupational Health Physician will contact the referring employer with the outcome of the assessment.

## 4 ILL HEALTH RETIREMENT

A teacher who believes they are permanently medically unfit for work has the option to apply for early retirement on the grounds of ill health.

There are two forms, to be completed when making an application for Ill Health Retirement, both of which are available from the Pensions Section of the Department/VEC.

- RET.D.1. to be returned to the Department/VEC and
- TMED1 to be returned to the Occupational Health Service

A sample of form RET.D.1 is located on page 17 of this manual and a sample of form TMED1 is located on page 21 of this manual.

- An application for retirement on ill-health pension must be completed on the prescribed Application Form RET.D.1. and submitted to the employer
- Once the declaration is signed by the employer, this Application Form must be forwarded to the Department/VEC.
- Simultaneously Form TMED1 and all medical evidence from the teacher's treating Physician must be sent to the Occupational Health Service. It is essential that the medical evidence submitted is comprehensive and include all relevant clinical details. It must address diagnosis, treatment and prognosis.
- The compilation of reports is the responsibility of the teacher who will bear the cost of any such reports
- Upon receipt of the necessary reports the Occupational Health Service will contact the teacher to arrange an appointment.
- The teacher will attend for a medical assessment, part of which will involve completing an assessment form. A sample assessment form (OHA1) is located on page 16 of this manual
- Following medical assessment, a report will be filed by the Occupational Health Service and a recommendation will issue to the Department/VEC
- The decision to approve or reject an application for ill-health retirement pension is made by the Department in its role as pension provider (or in the case of VEC teachers by the relevant VEC). The decision is made following consideration of the recommendation on the case from the Occupational Health Service and will issue directly to the teacher

In exceptional cases it may be possible to make a decision without calling the teacher to attend for an assessment. Examples: overwhelming evidence in support of an application *or* a teacher who has recently attended the Occupational Health Service for an assessment.

## **5 APPEAL OF ILL HEALTH RETIREMENT DECISION**

A panel of medical referees will be established comprised of registered medical practitioners who are suitably qualified to assess medical fitness for work.

**5.1** In cases where an application for ill-health retirement is not recommended the teacher may request a copy of the medical assessment report from the Occupational Health Service

**5.2** The Occupational Health Service will make available the report and the list of medical referees to assist the teacher in the event of an appeal.

**5.3** This is the procedure to be followed when it is decided to make an appeal:

- The appeal must be made to the Department/VEC in writing within 30 days of receiving the outcome of his/her application for ill health retirement. This notification must indicate the name of the medical referee chosen from the approved list.
- The Department/VEC will notify the Occupational Health Service of the appeal and the name of the medical referee chosen
- The Occupational Health Service will forward all relevant medical reports to the medical referee
- The applicant will contact the medical referee and arrange a suitable time for this assessment
- The teacher will bear the cost of this assessment. If the appeal is successful the cost of the assessment is refunded to the teacher.
- The medical referee will send a report to the Occupational Health Service for record purposes and to the Department/VEC for action
- The decision to approve or reject an ill-health retirement pension appeal is made by the Department in its role as pension provider (or in the case of VEC teachers by the relevant VEC) following consideration of all the facts.-
- The teacher is informed of the decision
- This decision is final



### Pre-Employment Medical Questionnaire

<b>Surname</b>	<b>First Name</b>		
<b>PPSN</b>	<b>School Roll Number</b>	<b>Date of birth</b>	
<b>Home Address</b>	<b>Name and Address of School</b>	<b>Contact phone number (landline &amp; mobile) &amp; e-mail address</b>	
<b>Type of School, tick as appropriate</b>	<b>If you teach any of the following subject, tick as appropriate</b>		
<b>Primary</b> <input type="checkbox"/> <b>Secondary</b> <input type="checkbox"/> <b>VEC</b> <input type="checkbox"/>	<b>Metal/Woodwork</b> <input type="checkbox"/> <b>Home Economics</b> <input type="checkbox"/> <b>Science</b> <input type="checkbox"/> <b>Physical Education</b> <input type="checkbox"/>		
<p><b>PLEASE COMPLETE THE FOLLOWING HEALTH QUESTIONNAIRE: WHERE A "YES" IS PROVIDED IN ANSWER TO ANY OF THE FOLLOWING QUESTIONS PLEASE PROVIDE SOME DETAILS.</b></p> <p><b>NOTE: MEDMARK MAY CONTACT YOU FOR CLARIFICATION WHERE MEDICAL INFORMATION IS INCOMPLETE.</b></p>			
	<b>Yes</b>	<b>No</b>	<b>Details</b>
<b>Have you ever completed a pre-employment medical questionnaire for medmark? If so, please give details</b>			
<b>Have you ever been treated or had counselling for any addiction disorder, alcohol or drug abuse? If so, please give details.</b>			
<b>Do you smoke? If yes, please quantify your daily intake</b>			
<b>Do you drink alcohol? If yes, what is your weekly consumption of alcohol in units? 1 Pint Beer = 2 Units Spirit = 1 ½ Units Glass Wine = 1 Unit</b>			
<b>Have you ever been denied a job on health grounds?</b>			

Have you ever been medically retired from <i>any</i> job, or left <i>any</i> job because of ill health? Please give details.			
Have you ever had any illness or health related problem that may have been caused or made worse by your work?			
Have you attended any doctor for medical care or treatment in the last five years for any kind of health problem? If so, please give reasons.			
Are you currently taking any medication? If yes, please state why and the name of the medication.			
Are you currently receiving or waiting for, any medical treatment or investigation? If so, please give details.			
Have you ever had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher			
Have you had any days off sick in the last 2 years? If yes, please give number of days and reasons to the best of your recollection.			

PLEASE COMPLETE THE FOLLOWING HEALTH QUESTIONNAIRE: WHERE A “YES” IS PROVIDED IN ANSWER TO ANY OF THE FOLLOWING QUESTIONS PLEASE PROVIDE SOME DETAILS TO INCLUDE RELEVANT DATES, DIAGNOSIS, TREATMENT, ONGOING SYMPTOMS.

NOTE: MEDMARK MAY CONTACT YOU FOR CLARIFICATION WHERE MEDICAL INFORMATION IS INCOMPLETE.

HAVE YOU EVER HAD OR DO YOU NOW SUFFER FROM	Yes	No	Details
Lung/Chest Problems? e.g. Asthma, TB, Pneumonia, Bronchitis			
Heart problems or circulatory disorders? e.g. Heart Murmur, Heart Attack, High Blood Pressure, Anaemia, Circulatory Problems, e.g. varicose veins/ankle swelling.			
Stomach, Bowel or liver disease, gallbladder or pancreatic problems.			
Prostate problems, bladder or continence problems, kidney disorders? e.g. Kidney stones, infections, kidney failure.			
Glandular problems? e.g., diabetes or thyroid problems.			
Disorders of the nervous system? e.g. fits, blackouts, migraine, recurring headaches, epilepsy, stroke, mini stroke, dementia			
Psychiatric or mental health illness or psychological problems including anxiety, depression, schizophrenia, nervous breakdown, eating disorders (anorexia/bulimia), panic attacks, burnout			
Fatigue syndrome? e .g. post viral fatigue, M.E.			
Do you have any eye disorder not corrected with glasses or any other eye problems? e.g. colour blindness, lazy eye, glaucoma, cataracts etc.,			

Ears, nose, throat or any voice disorders? e.g. deafness, tinnitus, voice weakness/voice projection difficulties, recurring laryngitis			
Skin problems? e.g eczema, dermatitis, psoriasis.			
Tumours – benign or malignant?			
Allergies? e.g. to drugs, food, chemicals.			
Back, neck, joint problem or arthritis, gout or any other rheumatic disorder? e.g. backache, disc prolapse, disc/back surgery, soft tissue injury, occupational back injury, arthritis, rheumatism, fibromyalgia			
Work related upper limb disorder (WRULD) or repetitive strain injury (RSI), tendonitis?			
Any gynaecological problems?			
Any other accidents, illness or injuries?			

### **OCCUPATIONAL HISTORY**

**Please provide some detail concerning recent positions you have held**

<b>Dates: From – To</b>	<b>Workplace</b>	<b>Job Description</b>

## DECLARATION

I understand that the purpose of this Pre -Employment Medical Questionnaire is to establish the following:

- ❖ That I am fit for the post for which I am making application
- ❖ That I can carry out the duties of the post without any undue risk to the health and safety of myself or any other person
- ❖ That my employer will have reasonable expectation that I will provide regular attendance at school

I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statement and that if I wilfully suppress and information I risk the loss of appointment. I understand that by submitting this pre employment questionnaire I consent to Medmark Occupational Health furnishing notification concerning my fitness to teach to the named school.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The information on this document may be stored in either paper or electronic form. It is for the use of the occupational health service for teachers. The data will be held in accordance with Data Protection Legislation*

*This document and its contents are confidential medical records which will remain with Medmark occupational health and will not be disclosed to another party without your consent*

### **WHERE TO SEND THIS FORM IF NOT SUBMITTED ON-LINE**

#### **Post to:**

**Medmark Occupational Health,  
28 Penrose Wharf,  
Penrose Quay,  
Cork.**

*If you have any difficulty completing this form please contact us at 1890 235711*



A copy of this form must be made available to the teacher

### **Medical Fitness Referral Form**

<b>Date of Referral :</b>	
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<b>Teacher Details:</b>	
<b>Name</b> <b>Date of Birth</b> <b>PPSN</b> <b>Contact Number</b> <b>Job Title</b> <b>Length of service in yrs</b>	

<b>Details for person in the school managing case who can be contacted to discuss case if required</b>	
<b>Full Name</b> <b>Job Title</b> <b>Phone Number</b> <b>E-Mail</b> <b>School Name</b> <b>School Roll Number</b>	

<p><b>Attendance Record</b> -Please give details of absences owing to illness in the past 4 years - For Primary, Secondary, Community and Comprehensive Schools a 4 year report can be printed from the OLCS and attached here. Please refer to page 11 of the Department of Education and Science Quick Reference Manual for OLCS in this regard.</p>
<p><b>In Work at Present?</b>  <b>Duration of Current Absence if Applicable:</b>  <b>Certified Reason for Absence if Applicable:</b></p>

### **Reason for Referral & Background Workplace Information**

<b>Reason for Assessment and issues to be addressed</b> (please choose category)	
<b>Non Discretionary Sick Leave Absences</b> (Please specify) <b>Discretionary Sick Leave Absences</b> (Please specify) <b>Other</b> (please specify)	

<b>Details of the nature of the specific teaching duties of the post and any associated duties:</b>

**Any change in the Individual's performance and their duties prior to commencement of sickness absence:**

--

**Any reason that the employing organisation may have to believe that the absence may be work related:**

--

**Any alcohol or drug related problems:**

--

**Any other information considered relevant to the assessment:**

--

**Confirmation that the reason for referral has been fully explained to the teacher:**

YES                       NO

If NO please state reason: \_\_\_\_\_

<b>Referral Form Completed By :</b>	
<b>Job Title :</b>	

**WHERE TO SEND THIS FORM IF NOT SUBMITTED ON-LINE**

**Post to:**  
Medmark Occupational Health,  
28 Penrose Wharf,  
Penrose Quay,  
Cork.

*If you have any difficulty completing this form please contact us at 1890 235711*

**For Official Use Only:**

**Has employee been seen by the OHS before?    Yes     No**

**Has an appointment been made    Yes     No**

*Please detail location, date and time of this appointment* \_\_\_\_\_

--

## Frequently Asked Questions - Occupational Health Assessment

### Your Medical Examination Information

You have been requested to attend an Occupational Health Assessment and may have a number of questions regarding this. This introduction answers some of the most frequently asked questions. If you have any other queries, please do not hesitate to contact one of the Medmark Team on 1890 235711.

#### **Why do I have to have a medical assessment?**

You have been referred for a medical by your employer in order for Medmark to undertake an independent assessment of your health in relation to work.

#### **Who am I about to attend?**

You are about to attend an occupational physician- a doctor whose area of interest is work, health, ability and disability and any circumstances where work and health interfere with each other.

#### **What is involved in an Occupational Health Assessment?**

It is likely the Occupational Health Physician has been sent a referral note by your employer asking him/her to address certain issues relating to your health and fitness for work. The Occupational Health Physician will start the assessment by discussing your role in school and your occupational history and will then proceed to assess the reason for your referral, the nature of your medical complaints and associated work absence. At the end of the history taking, if it's appropriate the Occupational Health Physician may do a physical examination.

#### **What about the confidentiality of my medical history?**

Everything that goes on in the assessment is entirely confidential, between you and the Occupational Health Physician. You can tell the Occupational Health Physician anything you like during this assessment and you may be reassured that nothing will be disclosed to any other party without your consent- with one exception: the Occupational Health Physician is allowed to express an opinion as to whether you are fit or unfit for work or any restrictions or modifications that should be placed on your work.

#### **What do I need to bring with me to the medical?**

Please bring with you the name of any medication you are taking, details of your GP and hospital Specialist, copies of any letters written to your GP by the Specialist, if you have them.

#### **What format will the report take?**

The Occupational Health Physician will write a report to your employer that will include relevant information about your medical condition, recommendations regarding your fitness for work and likely timescale of return to work and any adjustments/restrictions required. This will help your employer to know how to accommodate your needs in the workplace.

#### **Can I have a copy of the report?**

You may request a copy from your employer or you may request a copy of the report on applying in writing to Medmark, citing the Data Protection Act.

#### **Can I bring someone with me?**

Yes, you are welcome to take a friend or relative with you should you so wish.



## Occupational Health Assessment Form

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

<b>Surname</b>	<b>Date of Birth</b>	<b>Today's Date</b>
<b>First Name</b>	<b>Telephone (Home)</b>	<b>Telephone (Work)</b>
<b>E-Mail</b>	<b>Mobile Number</b>	<b>Years of service</b>
<b>Home Address</b>	<b>Name and Address of Family Doctor</b>	

<b>School address</b>	<b>Name of School Principal</b>
<b>When were you last at work</b>	<b>Reason for referral here today</b>
<b>Nature of current medical complaints</b>	<b>Current medications</b>
<b>Any significant past medical complaints</b>	<b>Name of any specialists attended</b>

Following your assessment the doctor may wish to contact your doctor(s), seeking their opinion on the nature of your medical complaints and your fitness for work. Please sign below to indicate your consent to Medmark obtaining such a report. Any information received will be dealt with in confidence.

Signature

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**DEPARTMENT OF EDUCATION AND SCIENCE/VEC**

Form Ret. D.1.

**APPLICATION FOR RETIREMENT  
ON GROUNDS OF PERMANENT INFIRMITY FOR ALL TEACHERS.**

- N.B. (1) *Where it is possible to do so, a teacher who intends to retire should give his/her school authority 3 months advance notice of this (excluding the summer holiday period).*
- (2) *This application form with Parts 1, 2, 3 and 4 fully completed, should be transmitted to Pensions Section of the Department of Education and Science or, in the case of VEC teachers, your employing VEC, as soon as you have formally notified your school authority of your intention to retire.*
- (3) *Form TMED 1 should also be completed: You should complete Part 1 of that form and give it to your medical advisor for completion of Part 2 and return to the Occupational Health Service.*

**PART 1 – TO BE COMPLETED BY THE TEACHER**

Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_

P.P.S. Number \_\_\_\_\_ (Personal Public Service No.) Date of Birth \_\_\_\_\_  
(same as RSI number)

State if a Primary, Secondary, Community, Comprehensive or VEC teacher \_\_\_\_\_

Payroll/Teacher Number \_\_\_\_\_ Registration No \_\_\_\_\_

Are you currently on sick leave? (Yes/No) \_\_\_\_\_

If yes state date on which sick leave commenced \_\_\_\_\_

Have you already retired or resigned from your employment? (Yes/No) \_\_\_\_\_

If yes, please state date of Resignation/Retirement \_\_\_\_\_

If no, please state proposed date of ill-health Retirement \_\_\_\_\_

*Note: If you are not already on sick leave, you should, pending the outcome of your application for retirement, take leave of absence from your school with effect from a date not later than the date on which you complete this application form. You should note also that the medical evidence may be reviewed by the Occupational Health Service and that pension will not be payable unless the Occupational Health Service agrees with the opinion of your medical adviser.*

**I understand that added years may not be granted where it is considered that a teacher's disability has been caused by the teacher's own misconduct or default.**

**I understand and accept that if I am awarded ill-health retirement I will be deemed to have resigned from my position and that I am prohibited from teaching in any school or college funded directly or indirectly by the Department of Education and Science. (Where a full recovery is made and the teacher wishes to return to teaching, fresh medical evidence must be submitted for review by the Occupational Health Service, before the teacher can take up any teaching appointment.)**

**I wish to apply for Pension and Lump Sum in accordance with the terms of the National/Secondary Teachers' Superannuation Scheme. I certify that, to the best of my knowledge, the details given in Parts 1, 3 and 4 of this application are true and correct. I have also completed Part 1 of Form TMED 1 and have given that form to my medical advisor for completion of Part 2 and return.**

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_



**PART 4 – TO BE COMPLETED BY THE TEACHER**

**OTHER PARTICULARS**

1. Did you ever give teaching service: (YES/NO)
- (i) as a member of a Religious Order on the approved staff of a Capitation National School? \_\_\_\_\_
- (ii) as a supernumerary teacher in a National School? \_\_\_\_\_
- (iii) with APSO since 1 January 1995? \_\_\_\_\_
2. Are you buying service under the Notional Service Purchase Scheme? \_\_\_\_\_
3. Have you ever given service in any other State or Semi-State organisation, Health Board or Local Authority? \_\_\_\_\_
4. Have you ever served as a Teachta Dála or Senator or in a Ministerial Capacity? \_\_\_\_\_
5. Are you in receipt of, or eligible for, benefit from any other Public Service Pension Scheme? \_\_\_\_\_
6. Have you received a marriage gratuity or a refund of contributions? \_\_\_\_\_

**NOTE** If the answers to any of the questions 1 - 6 above is "yes", please give details separately, in each case, indicating dates, or approximate dates, of service, school or organisation name and any other relevant information as appropriate.

---

Years in which you studied for your primary qualification (Degree/Certificate etc.): \_\_\_\_\_

Do you hold the Higher Diploma in Education? (Yes/No): \_\_\_\_\_

If yes, please state the year in which the H.Dip. was conferred: \_\_\_\_\_

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Current School Name (if not currently teaching, name of school in which you last served):

\_\_\_\_\_

County \_\_\_\_\_ School Roll No \_\_\_\_\_

Phone No. (School) \_\_\_\_\_

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Are you currently on Leave of Absence (other than sick leave)? \_\_\_\_\_

If yes, please give the following information:

Type of Absence \_\_\_\_\_  
(Career break, Study Leave, other - specify)

Date absence commenced \_\_\_\_\_

Date of resignation (if you resigned while on leave of absence) \_\_\_\_\_

**Teacher's Name and Postal Address for Correspondence (Block Capitals)**

**Name:** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone No. (Home)** \_\_\_\_\_

*In the case of a VEC teacher, the completed form should be sent to his or her employing VEC. In all other cases the completed form should be sent to:*

**Pensions Section,  
Department of Education and Science,  
Athlone,  
Co. Westmeath.**

**CONFIDENTIAL MEDICAL REPORT  
ON TEACHER SEEKING ILL HEALTH RETIREMENT**

**Part 1 - For Completion By Teacher**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

PPSN \_\_\_\_\_ Payroll/Teacher No \_\_\_\_\_

I consent to the Department of Education and Science providing to the Occupational Health Service provider information relating to me in respect of my sick leave and other absences

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Part 2 - For Completion By Your Current Treating Doctor**

**Please note that a confidential medical report from your current treating doctor must accompany this form, detailing your diagnosis, treatment & prognosis**

1. How long have you attended this patient? \_\_\_\_\_

2. When did you last examine this patient? \_\_\_\_\_

3. What has been the state of the patient's health during the last five years?

\_\_\_\_\_  
\_\_\_\_\_

4. What is the nature of the physical or psychiatric condition(s) from which the patient is now suffering?

\_\_\_\_\_  
\_\_\_\_\_

5. What treatment options have been tried? (eg medication / surgical treatment/ counselling/ psychotherapy etc)

\_\_\_\_\_  
\_\_\_\_\_

6. Have all reasonable treatment options been explored? (yes / no/ uncertain)

---

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7. Is it your opinion that your patient is *permanently* disabled and unable to work again as a teacher? (yes/no/ uncertain)

---

---

8. Could they work in a modified capacity in their own school or in a different school? (yes/no/ uncertain)

---

---

DOCTORS SIGNATURE & POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

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Thank you for completing this form, and providing medical report. We appreciate your opinion.



**All correspondence will be dealt with in the strictest confidence.**

This form, including the Doctor-to-Doctor Report, should be returned by the Medical Adviser to:

Medmark Occupational Health,  
28 Penrose Wharf,  
Penrose Quay,  
Cork

**(In no circumstances should the Doctor-to-Doctor report be sent separately from the TMED 1).**