

**Medical Managers Report for Appraisals**

**This form should be discussed with the doctor and completed before the appraisal.**

**Please submit this form to both the appraiser and the appraisee within 7 working days.**

1.	Doctor's Information:	Name: GMC Number: Job Title:
2.	Are there any specific issues that need to be raised to the appraiser or discussed in the appraisal:	
3.	Have there been any concerns about this doctor since the last appraisal?	
4.	Has the doctor been involved in any serious incidents or complaints since the last appraisal?	
5.	Number of sick leave days in the last year:	
6.	Further Comments:	

**Name of Medical Manager:**

**Date:**

**Signature of Medical Manager:**