



## Request for medical report

*When to use this form*

*The School may require a medical report from your GP if **all** of the criteria below apply*

- 1. You experienced ill health during the course of the academic year **AND***
- 2. Your ill health required medical attention **AND***
- 3. You have been advised by your tutor that the School Special Consideration Board may recommend reconsideration of the outcome of your examination or work in light of this illness*

Name:

Nature of illness:

Between dates:

Name of GP Practice:

Name of your GP:

### Declaration by student

- I agree to the release of medical information from records held by my GP
- I understand that a fee may be payable for the medical report and I am willing to pay the required fee
- I do/not\* wish to see the report before it is sent to the department
- I understand that a false claim of ill health used to influence the assessment of my University work will result in the imposition of penalties which may include termination of my programme

**Signed**

**Name**

**Date of Birth**

**School**

**Date**

\* Delete as appropriate

### Request from School

- I have been informed by the student above that they have consulted you in relation to the illness named above
- I request a medical report relating to this illness and the impact that this will have had on their ability to study
- I have discussed with the student whether the report may have the potential to
  - lead to a reconsideration of the outcome of assessment of work
  - justify extended deadlines for completion of work

**Signed**

**Name**

**School**

**Position**

**Date**