

About this form

This form should be used to obtain medical information from a health care professional (such as a GP) to confirm your eligibility for reasonable adjustments during your University course.

What you need to do

Complete your personal details in section 1, and then pass this form to the medical professional to complete sections 2, 3 and 4.

When the medical professional has completed the form and returned it to you, send it to the University of Worcester's Disability and Dyslexia Service disability@worc.ac.uk

Section 1. Your Personal Details

**Your University of Worcester
Student Number** (if known)

Personal details

Title Mr Mrs Miss Ms Other

Forename(s)

Surname

Date of Birth

Day

Month

Year

 / /

Address

Information for medical professional

This form has been submitted to you by a current, or future, student of the University of Worcester to support their request for reasonable adjustments to be made during their course. The University is committed to supporting all students that have either a diagnosis of a medical condition, or are experiencing symptoms of a condition that is yet to be diagnosed, that a medical professional considers to be disabling (as per the definition of disability within the Equality Act, 2010)

Section 2. Medical Professional Details

Your details

Full name

Job title

Certificate or registration number
(GMC, HPC, NMC)

Practice or organisation details

Where possible use your practice or organisation's stamp

Organisation's stamp

- GP Practice
- Primary Care Team
- Secondary Care Team
- Hospital
- Other (please give details below)

Name of practise or organisation

Address

Contact number

What is your professional involvement with the student

You only need to give details if this isn't apparent from your job title

Section 3. About The Student's Disability (Medical professional to complete)

Medical professional—please provide your professional opinion.

The student has a medical diagnosis for a condition (physical, sensory or mental health) that is disabling* Yes No

The student does not have a diagnosis, but has confirmed symptoms (physical, sensory or mental health) that are disabling* e.g. symptoms of AD(H)D or an autistic spectrum condition Yes No

* Is likely to last 12 months or longer (long-term) and has an adverse effect on their ability to carry out normal day-to-day activities, including education (substantial).

Please provide details of the diagnosis and/or symptoms.

If it has not been possible to confirm a diagnosis, or symptoms that are disabling, please explain why.

Date of diagnosis or start of symptoms

Day Month Year
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Section 4. Medical Professional's Declaration

Sign and date below to confirm that to the best of your knowledge the information you have provided is true and complete

Medical professional's signature

X

Today Month Year