



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