

Medical Confirmation (extenuating circumstances)

This form should be used when you need to provide evidence to the University of an illness or inability to perform. Please complete part A, sign and take to Reception at Chancellor House Surgery. You will be asked to pay a £10 fee and will be able to collect the completed form in 3 working days.

Please ensure that you receive a receipt of your payment.

PART A to be completed by the student

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|---|----------------------|
| Name: | Student No: |
| Date of Birth: | Phone number: |
| Confirm the overall period of time when you have been affected by your condition or situation: | |
| From: | To: |
| Describe the nature of your problem and how it has affected your work: | |
| | |
| Which Doctor(s) and/or Nurse did you see and on what date? | |
| | |
| I give my consent for Chancellor House Surgery to disclose information from my confidential medical records which is relevant to this request both to the relevant officer of the University and to the relevant Examiners | |
| Signature: | Date: |

PART B To be completed by the Doctor or Nurse

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|---|--|
| I confirm that there is no significant disparity between the students account of his/her problem as described above and his/her medical record | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Additional comments from the Doctor or Nurse: | |
| | |
| Signed: | Date: |