MEDICAL EVIDENCE PROFORMA

Before completing this form you **MUST** read the extenuating circumstances guidelines as third party documentary evidence is not always required. Only use this form if your circumstances fall under the categories where medical evidence is required, as listed in the guidelines. Your Medical Practice/Health Centre is likely to reserve the right to refuse to provide evidence if your claim falls outside the guidelines, or it may impose a charge.

When you have completed Section 1 below, please take this form to your Medical Practice for completion of Section 2. The form will then be returned to you so you can attach it to your extenuating circumstances form. If other Practices prefer to use their own procedures, you should attach whatever documentation they give you. The Health Centre on campus will send completed forms by post to students, but students must supply a self-addressed envelope (with a stamp if they live off-campus).

SECTION 1 - to be completed by student

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Date of Birth |  |

I state that my work has been severely affected by the following medical condition:

|  |  |
| --- | --- |
| Medical Condition: |  |
| Date(s) Affected: |  |

I am asking my Health Centre to validate this claim and return the document to me. I am signing below to give my consent for this information to be supplied under the terms of the Access to Medical Records Act 1990.

|  |  |  |  |
| --- | --- | --- | --- |
| Student signature |  | Date |  |

SECTION 2 - to be completed by Health Centre/Medical Practice

Following the student’s request, we can confirm that the student:

|  |  |  |
| --- | --- | --- |
| 1. Has/had a significant condition that should be taken into account. | |  |
| 1. Has/had a condition that may be taken into account. | |  |
| 1. There is no clinical evidence to support their statement. | |  |
| 1. Other comments |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Signature |  | Stamp |  |