

REPORT REQUEST (to be completed by patient)

Dear Doctor

- I am requesting medical evidence for (tick which applies):
- I understand that providing this medical evidence is not an NHS service, and a charge will be made.

Reasonable adjustments (including for exams) from Enabling Services ONLY	<input type="checkbox"/>	Special Considerations (when self-certification is not possible)	<input type="checkbox"/>
DSA application AND reasonable adjustments (including for exams) from Enabling Services	Please complete the information below (page 1 only) and attach the DSA evidence form which is available under the heading 'Proving you're eligible' at https://www.gov.uk/disabled-students-allowances-dsas/eligibility		
DSA application ONLY	This will be used by your doctor to provide your medical evidence.		

If you are unsure which route to take and therefore what evidence is required, we recommend you discuss this with Enabling Services in the first instance

Other – *please give FULL details*

PATIENT INFORMATION (to be completed by patient)**YOUR DETAILS:**

Name:	Date of birth:		
Address:	Telephone:		
Name of GP	Name & Address of GP Practice		
Nature of illness	Date from	Date to	

Declaration by student

Brief description of impact of this illness on studies for example on memory or motivational difficulties, concentration, anxiety or paranoia, mobility, daily living, etc.

- I agree to the release of medical information from records held by my GP
- I understand that completion time for reports is **10 working days** from the date the form is received at the Surgery
- I understand that if I **wish to see the report before it is sent**, I must do so **within 21 days** otherwise the report will be sent
- I understand that a fee is payable for the medical report and I am willing to pay the required fee
- 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.

Signature of Student

D	D	/	M	M	/	2	0	Y	Y
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I wish to pick the completed report up from reception

Title/Forename/Surname	<input type="checkbox"/>	Please send the completed form to the person indicated on the left. <i>I do/do not</i> * wish to see the report before it is sent off: <i>*Delete as applicable</i>
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		