

# Medical Evidence Form

Form is best completed using Adobe Acrobat

## 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](mailto: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\***      Yes      No  
     

**Please confirm the condition you believe the symptoms relate to.**

\* 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  
 /  /

## 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