

**Imperial College London Medical Evidence Form
CONFIDENTIAL**

Student details:

Forename(s): _____ Surname: _____

Date of Birth: _____

Diagnosis / working diagnosis:

Please include the main symptoms of the condition (especially any that may have an impact on study e.g. concentration, memory, anxiety).

In your professional opinion:

Does the person named above have an enduring health condition which has or is likely to last for a year or more?
Yes/No

Does this condition have a substantial adverse effect on their day-to-day activities including study?
Yes/No

Would the person named above benefit from additional arrangements during his/her examinations e.g. extra time?
Yes/No

Please state what support would be beneficial, if recommending additional time or resting breaks please specify the amount of time needed.

Signed: _____

Date: _____

Name: _____

Job title: _____

Type of practice or organisation (please circle):

- GP Practice
- Primary Care Health Team
- Secondary Care Health Team
- Hospital
- Other (please specify)

Contact details (telephone and email preferable):

Please include your organisations official stamp – alternatively this information could be copied on to headed paper.