

**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 organisation's official stamp – alternatively this information could be copied on to headed paper.

As the student can't reclaim any charge made for completing this form from the university, we ask that it is provided free of charge. Thank you.