**Medical Evidence Form for students at Goldsmiths - CONFIDENTIAL**

In order to ensure that comparable and equitable consideration may be given to each request for adjustments, it would be appreciated if the medical practitioner asked to support such requests could complete this form. Please note that this form relates only to examinations for students at Goldsmiths. **PLEASE SEE PAGE 3 FOR GUIDANCE NOTES.**

**Full Name of Student**

**Date of Birth**

**This student has presented with the following condition(s):**

**The diagnosis dates from:**

**Does the student have a physical, sensory or mental disability which has a substantial (more than minor or trivial) and long-term \* adverse effect on their ability to carry out normal day-to-day activities (including education)?**

\* To be considered long term, the effect of the disability must have lasted or be likely to last at least 12 months or for the rest of the student’s life.

Yes

No

**How stable is the condition(s)?** i.e.is this a **static** or **fluctuating** condition

**Details of the severity and complexity of the condition(s):**

**How does the condition(s) affect day-to-day activities?**

**How might the condition(s) affect academic tasks, including formal exams?**

**Medication(s)** - please give details of any prescribed medication and the impact of any possible side effects:

**Medication(s)** - please indicate how the condition might impact upon daily and academic life if medication was not in use:

**Overview of coping strategies used to manage the condition(s):**

**Signature:**

**Name:**

**Date:**

In what capacity are you signing this form? (e.g. G.P. / Consultant):

**Please validate this form with your official stamp or state your title, name, address, telephone number, facsimile number & email address in case of a query.**

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