SOUTHAMPTON UNIVERSITY MEDICAL EVIDENCE REQUEST

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	☐	Special Considerations (when self-certification is not possible)	☐

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 This will be used by your doctor to provide your medical evidence.
DSA application ONLY	

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 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

I wish to pick the completed report up from Highfield Health reception ☐ I wish for the completed form to be emailed to the email address provided below ☐	Payment of £20 is due on request (cash only)

Email Address:

Confirmation of email address: