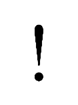
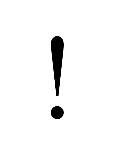
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|  | **MEDICAL EVIDENCE FORM** |
| **About this form:** You may use this form to provide medical evidence to inform the University about a health condition or circumstances that have affected your study. Please read the guidance notes below before starting. **IMPORTANT: Unfortunately, you are unable to use a UMEF (this form) as evidence to support an appeal. Evidence for appeals require more detailed reports which need to be written by a health professional.** |



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| **Section 1: Student Declaration and Details -** Student to complete | | | |  | **Section 2: Health Care Professional Statement** – Professional to complete | | | | |
| **Name** |  | | |  | **Date last seen by practice/HCP** | / / or [ ] Student has not been seen in relation to described condition | | | |
| **Date of Birth** | / / | **Student ID Number** |  |  | **Do you agree with the description given in Section 1** | [ ] Yes  [ ] No | Comments | | |
| **Start date of circumstances** | / / | | |  | **Was a visit to a Health Care Professional appropriate?** | [ ] Yes  [ ] No | Comments | | |
| **Description of ill health, symptoms and how it impacted upon you** | **Description and Symptoms:** | | |  | **Have the circumstances listed impacted the capacity to study as suggested** | [ ] Yes  [ ] No | Comments | | |
|  | **The circumstances affecting the student:**  **This will be the case:** | [ ] are likely to have affected their ability to complete assessments  [ ] are likely to have affected their ability to engage with University processes  [ ] Unable to confirm what impact the circumstances had on the student  FROM : TO: | | | |
| **Did you consult with your GP/Health Care Professional?** | [ ] Yes  [ ] No | **If ‘No’ detail why. (**for a number of common and short conditions a visit to your GP may not be required, for example diarrhoea, vomiting or flu. | |  | **Additional Information** | If applicable, please use this space to add any relevant observations or comments. | | | |
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| **This has impacted my capacity to:** | [ ] Study  [ ] Sit Exams  [ ] Complete  Assessments  [ ] Attend University  [ ] Other | **If ‘other ‘detail below impact with examples** | |  |
|  | |
|  | **Print Name** |  | | **Profession** |  |
| **Signature**  **date and Stamp** | I confirm this is a true and accurate statement.  Signature  Date / / | | **Practice Stamp** including organisation name address contact number | Practice Stamp here |
| **Did this condition prevent you informing the University at the appropriate time?** | [ ] Yes  [ ] No | **If yes, detail how it prevented you informing the University** | |
|  | |
| **Student Declaration** | I confirm this is a true and accurate statement.  Signature Date | | |
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1. **Now print, sign and hand** this to the reception of your health centre or directly to your Health Care Professional to complete
2. **Only** book an appointment if you are advised to do so.
3. The University Health Centre normally completes this within 48 hours without charge. **Note:** other practices may charge students a fee, as this work is not covered by the NHS.
4. **You must** submit a signed and stamped copy to the University. If your form is not signed and stamped by a Health Care Professional it will not be accepted
5. Please note there may be occasions where a more comprehensive medical report is required which may incur additional practice charges

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| **Statement of Fitness for Study - Guidance Notes** | |  | |
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| **Students may be required to provide medical evidence to the University.** | | | **Healthcare Professional Guidance** |
| 1. Students are provided with access to a downloadable PDF form to complete detailing their ill health and impact on studies. 2. Students complete section 1 and provide to their Health Professional to complete section 2. 3. On receipt of a completed form, students should provide the certificate to the University.     The form is to ensure relevant information is provided to support the student claim quickly and efficiently. Students and Healthcare professionals **may** choose to submit evidence in alternative formats (letters or alternative forms) | | | **When responding to a student’s request for evidence in relation to an Extension, Extenuating Circumstances (EC) claim or an appeal based on a late declaration of extenuating circumstances**  The University regulations allow a student to make a claim that their performance was affected by circumstances beyond their control – such as ill health. This allows some flexibility when considering a student’s results and their overall academic performance.  Students have to present these claims within a specified period using the University’s Extension and EC process (found under MyDetails in the Student Hub). If a claim for an Extension or EC is late it is unlikely to be considered and the student is at risk of failing their course.  However, the University recognises that there may be cases where there is an unavoidable inability to engage in the University’s Extension or EC process.  Bearing in mind the usual levels of stress experienced by a typical student at the point of an exam period or assessment activity, consideration of Extensions, ECs and/or Appeals can only be given in cases where the symptoms or their impact are confirmed as being ‘over and above’ or disproportionate to the levels normally expected at an assessment point.  The evidence that may be required in support of an Extension, EC or Appeal submitted by a student is required to show:   1. The nature of the illness that has now been formally diagnosed (such as depression, stress etc). The University does not accept evidence which indicates: ‘the student informs me that …’. It is important that the evidence confirms your professional diagnosis of the illness and does not just record what the student has told you. 2. The period of time affected by this condition 3. Confirmation of how long the student has been under your care for this condition. 4. [if different from B) above] When the effects of that illness may have had an impact on the student 5. In your professional opinion, is it reasonable to assume that the nature and extent of the symptoms now described by the student will have impacted on the studies during the course of the year 6. The impact of the condition on the student, specifically if the student would have been unable: 7. to attend classes on a regular basis 8. to complete coursework; 9. or sit an exam 10. to inform the University at the time of their difficulties. |
| **University Health Centre** | | |
| The University Health Centre, for students registered with them, will:   1. on receipt of this form, at reception, will arrange completion normally within 48 hours; 2. not apply a charge or fee for provision on this certificate; 3. not require the student to book an appointment to have this form completed.   Upon receipt of the form, with Section 1 completed, you will be advised by the reception / practice staff if an appointment is necessary.    **Please note**: other healthcare providers may charge a fee for completion of this University certificate, which does not comprise NHS work. Additional detailed assessments and evidence may also incur a cost determined by the health care provider. | | |
| **Student Guidance** | | |
| When submitting evidence please do make sure that the evidence upon which you are relying is full and accurate. Your request will be considered on the basis of this submission and you will not have a further opportunity to submit additional evidence. Any statements that you make about your health must be directly supported by medical evidence if they are to be taken into account by the University when considering your case. The evidence should be a certificate, sick note or a letter from a health professional to confirm your circumstances – **copies of prescriptions or letters of medical appointments will not be accepted**.  If you are making a case based on the illness of a family member or close friend or circumstances (such as financial or housing issues) that have caused you to be depressed, stressed or anxious, **the evidence required is not confirmation of the illness of your friend or family member**, nor is it copies of final demands for the payment of bills – instead it must confirm the medical impact that the situation had on you which meant that:   * you were unable to complete the assessments in question * you could not reasonably be expected or have been expected to submit an EC claim and/or the appeal on time.   If you are making a case related to an examination that you sat, you should be aware that the University operates a ‘fit to sit’ regulation. By presenting yourself for that exam, you have declared that you were fit to undertake it. A subsequent claim that this was not the case would need to be supported by an explicit confirmation from a medical practitioner that you were not fit to have determined your fitness at the time when the exam was sat.  **Please bear in mind that your appeal will not be accepted if your claim:**   * **is not evidenced** * **is evidenced by a medical note for another person** * **is evidenced by a series of hospital appointments** * **is evidenced by prescription notes** * **could reasonably have been submitted as an EC claim in-year** * **(in the case of a late appeal) could reasonably have been submitted within 10 working days of the publication of the result in question**   If you are intending to consult with a health professional for the evidence and are unsure what may be suitable, please see the Healthcare Professional Guidance. | | |