

CONFIRMATION OF ILLNESS AFFECTING A STUDENT'S ASSESSMENT

This form should be completed by a GP/Practice Nurse at a GP Practice. A charge may be made for this.
 It should be used to confirm medical circumstances which have significantly affected a student's performance in assessment. Students absent for up to 10 working days during teaching are normally expected to make good this time though additional study unless it is close to a submission/exam date.

Surname		Forename/s		Date of birth	
Diagnosis					
Period affected (dates & duration; please indicate if anticipated)					
Period of hospitalisation (if applicable)					

Please indicate below effect on student's ability to study (by ticking appropriate boxes):	
• prevented from studying at home during period affected	
• prevented from attending university during period affected	
• exam performance would have been significantly impaired during period affected	
• the illness prevented/will prevent the student from attending exam/s	
• the illness caused the student to leave the exam	

Please indicate reasons below (by ticking appropriate boxes):	
• confined to bed/ too ill to leave home	
• ability to read impaired	
• ability to write impaired	
• physically impaired	
• emotionally/ mentally impaired	
• admitted to hospital	

Any additional relevant information	
Signed	Practice Stamp
Name (printed)	
Position	
Date	

For office use					
received by		signature		date form received	