

## Accommodation Services

# Medical Evidence Form

To ensure that your accommodation application is processed efficiently, please make sure that a GP or other medical practitioner completes the mandatory sections **B**, **C** and **D**. Sections **E** and **F** are not mandatory and should only be completed if you feel they are relevant.

## Section A

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To be completed by the student before forwarding to GP/medical practitioner.

Student name

Phone number

Student ID or UCAS number

In some cases we may need to call on colleagues within the University's Student Wellbeing Department for their professional advice when processing applications. In all cases the information you have provided will be dealt with in the strictest confidence.

If you consent to share this information, you may be contacted directly by Student Health and Wellbeing who will offer you further information about support and adjustments. Please indicate below:

I consent for you to share this information with the Student Health and Wellbeing Service

I do not wish for you to share this information with the Student Health and Wellbeing Service.

## Section B

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All information received helps identify the correct type of accommodation most suited to the student's needs; please complete all relevant sections providing as much detail as possible.

Please confirm the named patient's medical condition using the following criteria and provide further supporting evidence in Sections **C** and **D**.

Visually impaired

Dyspraxia

Wheelchair user or mobility difficulties

Autistic spectrum/Asperger's syndrome

Deaf or hard of hearing

Mental health issues

An unseen disability (e.g. diabetes, epilepsy, heart condition)

Multiple disabilities

A condition not listed; please state:

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Date of diagnosis: \_\_\_\_\_

Date of last consultation: \_\_\_\_\_

## Section C

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Which of the following do you consider **essential/desirable** for the student to manage their medical condition in relation to their university accommodation?

Essential	Desirable		Essential	Desirable	
<input type="checkbox"/>	<input type="checkbox"/>	En suite bathroom	<input type="checkbox"/>	<input type="checkbox"/>	Close to university
<input type="checkbox"/>	<input type="checkbox"/>	Ground floor room	<input type="checkbox"/>	<input type="checkbox"/>	Additional accommodation for support worker
<input type="checkbox"/>	<input type="checkbox"/>	Fridge for medication	<input type="checkbox"/>	<input type="checkbox"/>	Self-contained accommodation
<input type="checkbox"/>	<input type="checkbox"/>	Lift access			

## Section D

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Please provide additional supporting information on why the student would benefit from the facilities detailed in section C:

Would your patient find it useful to have any of the following aides or adaptations? Please tick as required.

<input type="checkbox"/>	Level-access bathroom	<input type="checkbox"/>	Motorised door opening
<input type="checkbox"/>	Shower chair	<input type="checkbox"/>	Wheelchair accessible
<input type="checkbox"/>	Grab rails	<input type="checkbox"/>	Motorised scooter user
<input type="checkbox"/>	Clos-o-mat (WC)	<input type="checkbox"/>	Manual/tracking hoist
<input type="checkbox"/>	Section profiling height-adjustable bed	<input type="checkbox"/>	Altered kitchen facilities (i.e. lower work surfaces)
<input type="checkbox"/>	Mini cool fridge (for medication)	<input type="checkbox"/>	Induction loop
<input type="checkbox"/>	Flashing light fire alarm	<input type="checkbox"/>	Vibrating pillow
<input type="checkbox"/>	Flashing doorbell		

Medical practice or departmental stamp, date and name of doctor (mandatory):

Name of medical practitioner: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## Additional information

To be completed by the student.

### Section E

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Please tell us about any medical/disability conditions you have.

### Section F

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How do you feel your medical/disability condition affects your accommodation requirements?

NB. This information will be retained for a maximum of one year, or until you depart Newcastle University accommodation.