**Medical Evidence Form**

Student Health and Wellbeing Service at Newcastle University supports students who have a disability, mental health diagnosis and/or long-term medical condition. As part of the process in supporting students, the service requires medical evidence from a health professional.

All sections of this form **must** be completed **by a medical practitioner** (e.g. GP, Specialist Consultant, Psychiatrist or Clinical Psychologist).

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| --- | --- |
| **STUDENT DETAILS** | |
| Student’s Name: |  |
| Date of Birth (DD/MM/YY): |  |
| **DETAILS OF DIAGNOSIS** | |
| Diagnosis: |  |
| Date of diagnosis: |  |
| Is this a long-term condition? | Yes / No *(please delete as appropriate)* |
| Is this a fluctuating condition? | Yes / No *(please delete as appropriate)* |

*Please note: To be considered a long-term condition, the symptoms must have lasted, or be likely to last, at least 12 months. If the individual has a mental health diagnosis, it must be both long term and current (i.e. a condition which is not considered fully treated and resolved).*

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| **FURTHER DETAILS (to be completed by medical practitioner)** | |
| Current Symptoms: | |
|  | |
| Impact on learning/attendance at University:  *To include likely impact on course-related activities (e.g. presentations, group work, field trips and exam situations)* | |
|  | |
| Current Treatment:  *(e.g. medication/treatment and side-effects. Please highlight medications that affect concentration and alertness)* | |
|  | |
| **PRACTITIONER’S DETAILS** | |
| Practitioner’s full name: |  |
| Job title: |  |
| Practice name: |  |
| Signature\*: |  |
| Date signed: |  |

*\*This form can be electronically signed by the medical practitioner typing their name in the signature box. The form must then be submitted by the medical practitioner via the email address below.*

Please return the completed form by email to: [disabilityadvisor@ncl.ac.uk](mailto:disabilityadvisor@ncl.ac.uk)