

**Medical Certificate for University of Oxford students**

Please answer this form as fully as possible.

For more information see <http://www.admin.ox.ac.uk/edc/resources/medicalcerts/>

Student Details	
<b>Name</b>	<b>Date of birth</b>
<b>College</b>	<b>Degree &amp; Subject</b>
Details of the medical condition or disability	
Is this student likely to be considered to have a disability as defined under the Equality Act 2010?	Yes/No*
Please detail the diagnosis (using technical medical terms only if accompanied by an explanation intelligible to a layperson).	
How satisfied are you that you have sufficient information (e.g. from consultations or reports) to provide your opinion?	Very satisfied*
	Some evidence - satisfied*
	Minimal independent verification*
Please indicate the duration of the illness and the dates on which the student was/will be affected (or indicate that the student has a long-term medical condition/disability).	
Please explain the impact of the condition and/or its treatment, on the student's ability to undertake any of the tasks listed below. Please indicate the degree of difficulty, and whether the impact is consistent over time, or whether there are or have been times when the impact is greater or lesser.	
Attend sessions (e.g. lectures, practicals, seminars, tutorials)	
Study (access sources, read, concentrate)	
Complete written work (by hand or typed, including examination submissions)	
Complete practical work/fieldwork	
Sit written examinations	
Sit oral/practical examinations	
Other (state)	
Alternative Arrangements for Examinations	
In your view, should the University consider alternative arrangements for examinations for this student?	No or Not applicable*
	Yes, for all examinations*
	Yes, for the following time period(s) only*
	Yes, for the following types of examination only (e.g. timed written examinations, orals, practicals*)
<b>(Optional)</b> Please offer any recommendations on alternative arrangements that the University might wish to consider. <i>Please see Annex A of <a href="#">'Guidance for medical practitioners on the use of medical certificates' for examples of common adjustments to examination arrangements.</a></i>	
Doctor's (or other health professional's) details	
<b>Full Name</b>	<b>Position</b>
<b>Address</b>	<b>Telephone</b>
	<b>E-mail</b>

\*delete or enter own text as appropriate

<b>Professional Registration or Licensing Body</b>	<b>Professional Registration or Licensing Reference</b>
<b>Declaration:</b> I confirm that I have read and followed the 'Guidance for medical practitioners on the use of medical certificates', and that I have no personal connection to the student or his/her family other than in a professional capacity. I understand that this form will be used as evidence in University procedures.	
<b>Signature</b>	<b>Date</b>