

## PERMISSION TO SIT UNIVERSITY EXAMINATIONS AT THE UNIVERSITY MEDICAL PRACTICE

### Important information

This form is valid until the end of the academic year in which it is signed. This form will become invalid at the end of the academic year in which it is signed. A new medical assessment will be required in each academic year unless stated otherwise.

If you are registered with a GP outside the University Medical Practice this form will need to be countersigned by the University Medical Officer or Duty Doctor.

### Please ensure that this form has been signed before returning to the Examinations Office

Once signed, please submit it to the Examinations Office by emailing it to [exams@contacts.bham.ac.uk](mailto:exams@contacts.bham.ac.uk)

<b>Name (print name)</b>	
<b>Student ID number</b>	
<b>Programme of study</b>	
<b>Department</b>	
<b>Year</b>	
<b>Tutor</b>	

Please note that should requests to sit examinations at the University Medical Practice exceed availability, a medical priority system will operate under the direction of a University Medical Officer.

Examinations to be taken in the University Medical Practice:

Exam Code/Module Code	Exam Title	Date	Time (am/pm)

The above named student needs to take his/her exams in the University Medical Practice on (please tick all that applies)

Medical	
Psychological	
Other (please state reason)	

Nature of the support required (please print):

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Is this an acute or on-going problem, please tick appropriate need.

Acute	<input type="checkbox"/>
Ongoing	<input type="checkbox"/>

<b>Name of GP or Hospital Doctor (please print)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Office Stamp</b>	
<b>Date Received by the Examinations Office</b>	

Please tick appropriate box

<b>Single Year</b>	<input type="checkbox"/>
<b>Recurring Permission</b> (Please specify number of years)	<input type="checkbox"/>

<b>UMP Countersignature for non-UMP registered patients</b>
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Received by:

Examinations Office	
Student Counsellor	
Sick Bay	
For File	