

UNIVERSITY OF BIRMINGHAM

Medical Certificate

This form should be used to confirm medical circumstances which have affected a student's performance during an assessment period and is in addition to extenuating circumstance forms. Students submitting claims for extenuating circumstances are asked to provide corroborative medical evidence. The evidence provided will be considered, in confidence, by the Extenuating Circumstances Panel.

This form can also be used to:

- Student self-certification resulting in absence for less than 7 calendar days from their programme of study (not including assessment periods¹) (please complete Part A)
- Support requests for Leave of Absence on medical grounds (please complete Part C)
- Register with Disability and Mental Health team, Student Support (please complete Part D)

Please fill in Parts A-C (as necessary), prior to asking your doctor, nurse or other health professional to use this certificate and then return to your Head of School/Department or their nominee.

PART A - To be completed by the student:

1. Personal Details

Full Name			
Student ID No.			
Programme			
Level of Study		Year of Study	
Name of Personal Tutor/Supervisor			
Name of Welfare Tutor/Mentor			
University and Personal Email Addresses			

2. Self-Certification

First day of absence		Final day of absence	
Details of absence (including modules affected by this absence)			

Student Signature: _____ Date: _____

¹ During assessment periods, circumstances affecting assessments need independent, third-party evidence in line with the Code of Practice on Extenuating Circumstances. Self-certification will not be accepted during this time.

PART B – To be filled in for Extenuating Circumstances (for Leave of Absence, please leave blank and go to PART C)

1. Period Affected

First day of absence		Final day of absence	
Date(s) Attended Doctor			

2. Work² affected

Please provide details of the module(s) and the type of teaching and learning activities (e.g. lectures, tutorials, labs, independent study) affected, together with the details of the assessment(s), including the date of the assessment, which has been affected by your extenuating circumstances. If you require extra space, please attach a separate sheet of paper.

Module code	Type of teaching and/or assessment missed/affected (e.g. lecture, tutorial, examination, fieldwork)	Date(s) affected	Did you attempt the assessment?

3. Impact

Please indicate below (by ticking the appropriate boxes) the effect on your ability to study:

- Prevented from studying at home during the period indicated
- Prevented from attending teaching sessions during the period indicated
- Exam performance would have been significantly impaired during the period indicated
- Prevented from attending the examination/assessment
- Illness caused you to leave the examination

² "Work" encompasses any teaching and learning activities, preparation for an assessment and undertaking the assessment itself.

PART C – To be filled in for Leave of Absence

1. Period Affected

Leave of Absence will normally only be given for requested periods of absence exceeding one calendar month and not exceeding twelve calendar months, and refers to situations where the student's registration status will change to "Leave of Absence".

First day of absence		Expected return date	
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The University reserves the right to request permission from the Registered Student to contact the relevant medical professional and/or the University Medical Officer for additional information where appropriate, for example, where further clarity is required to ensure that the student's return to study would not be putting themselves, or other members of the University, at risk.

Tier 4 Visa Holders only: The University is required by law to withdraw immigration sponsorship for students taking Leave of Absence who have entered the UK on a Tier 4 Student visa.

PART D - To be completed by a medical professional:

Name:

Date of Birth:

Diagnosis/Working diagnosis Date diagnosis made	Diagnosis or Working Diagnosis: Date of diagnosis:
Main signs and symptoms of the condition and impact on study	Signs and or Symptoms: Impact: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
Is this a long term or temporary condition? If this is a recurring condition, is it likely to recur over the next 12 months? Please give details	Long Term <input type="checkbox"/> Temporary <input type="checkbox"/> Likely to return in next 12 months <input type="checkbox"/>
This certificate is: * retrospective certificates may carry less weight	Contemporaneous <input type="checkbox"/> Retrospective <input type="checkbox"/>
Details of completing clinician. I am a clinician from the student's registered medical practice.	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please specify in which capacity you're completing this form, e.g. walkin clinic GP, online GP service, etc _____
I have full access to the student's medical record	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please offer any other comments that are relevant	

A charge may be levied for this service. Any such charge is to be paid by the student.

For Leave of Absence only:

I can confirm that the student's application for Leave of Absence on medical grounds is genuine. The student will be fit to return on the expected return date **[no further medical evidence is required]**

Or

I can confirm that the student's application for Leave of Absence on medical grounds is genuine but further review is required to assess when they are fit to return **[further medical evidence will be required prior to the student resuming their studies]**

Signed: _____

Name (printed): _____

Position: _____

Date: _____

<p>Practice Stamp:</p>
