## Picture 1Medical Certificate for University of Oxford students

**Please answer this form as fully as possible. Please answer in the yellow boxes.**

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

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| --- | --- | --- | --- | --- | --- |
| ***Student Details*** | | | | | |
| **Name** |  | | | **Date of birth** |  |
| **Your College or Academic Department (where the certificate/letter will be sent)** | | | | | |
|  | | | | | |
| **Your degree title/ subject** | | | | | |
|  | | | | | |
| ***Details of the medical condition or disability*** | | | | | |
| **Email address (for queries about this form)** | | |  | | |
| **Health Condition(s) for which you are requesting the certificate/letter.** | |  | | | |
| **How long have you been affected by the condition?** | |  | | | |
| **How does the condition affect your academic work (or, for a previous episode of illness, how did it affect you)** | |  | | | |
| **Is this health condition on-going? (Yes or no)** | |  | | | |
| **If you are requesting a deadline extension please give:**   * **The original deadline and proposed new deadline** * **The title of the affected piece(s) of work** * **Your Reason why the duration of extension you are requesting is justified** | |  | | | |
| **If you are requesting any adjustments or adaptations please outline what you are requesting and to which exams or academic work these would apply:** | |  | | | |
| **Have you discussed this application with one of the doctors at the surgery already? (Yes or no)** | |  | | | |
| **Please add any further information or comments here:** | |  | | | |

**Once your certificate has been completed, the practice will send it directly to your College and/or University (as applicable). The certificate is issued in confidence but may include information you have provided plus information from your health records that is relevant to your medical certification request. For further details on how we use and share your information, see our full** [privacy statement](https://19beaumontstreet.co.uk/media/content/files/19BS-Privacy-policy-and-notice-vMay2020.pdf)**.**

**Please type your name or sign here to confirm that you understand and agree to this information sharing. If you do not agree, please book a consultation with one of our GPs to discuss your concerns.**

|  |  |
| --- | --- |
|  | |
| **Date of completion:** |  |

**WHEN COMPLETE PLEASE EMAIL THIS FORM TO:**

**bobicb-ox.**[**summertownhc@nhs.net**](mailto:summertownhc@nhs.net)

*By submitting this form you are agreeing to us processing and storing your personal information for the purposes of providing your healthcare, maintaining your healthcare records and the other lawful uses set out in our privacy statement. For our full privacy statement,* [see here](https://19beaumontstreet.co.uk/media/content/files/19BS-Privacy-policy-and-notice-vMay2020.pdf)*.*

*Please note when you download and complete the form your details may be saved to the computer you are working on. Whilst our nhs.net email addresses are secure, we cannot be responsible for the security of the email system you are using. If you have any concerns about sending your information by email, please use another method such as sending the form by post.*