

# MEDICAL CERTIFICATE FOR EXTENUATING CIRCUMSTANCES



**Information for students:** As outlined in the *Instructions to Candidates* this form is to be used to provide supporting evidence of medical or psychological extenuating circumstances. This form should be completed by a suitably qualified medical practitioner (normally a GP or hospital specialist), psychiatrist or educational psychologist, who has seen you **during the period of the condition** and is able to attest to your condition and the impact on your examinations or coursework. This person should not be a close friend or relative.

**Information for Medical Practitioners:** Students taking examinations at Royal Holloway are advised that they may bring to the attention of the examiners medical circumstances which they consider may have adversely affected their performance during the examination period or during the academic year and which are:

- (i) **outside a student's control** (i.e. the student could not have prevented them and could not foresee them);
- (ii) which may have **a marked/significant/detrimental/adverse/impact** on their ability to undertake or complete assessment by coursework or examination to the standard normally expected.

Students are asked to arrange for appropriate and adequately documented supporting evidence from a relevant medical practitioner and that is why they have requested the completion of this form. **Please only complete if the person has been seen and treated in your practice for the declared condition.** Please write clearly on the form in **BLOCK CAPITALS** and preferably using **black ink**. Please return the completed form to the student.

## STUDENT'S DETAILS:

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
RHUL Student ID Number: \_\_\_\_\_ UG or PG: \_\_\_\_\_  
Department: \_\_\_\_\_ Year of Study: \_\_\_\_\_

## MEDICAL PRACTITIONER'S OPINION:

1. What is the student's condition?

2. Duration of illness / condition:

From: \_\_\_\_\_ (date) To: \_\_\_\_\_ (date)

Date student first seen by medical practitioner:

3. What effect is this condition likely to have had on his/her performance during the period stated: (*tick box*)

- A. No Impact                       B. Slight Impact  
 C. Moderate Impact               D. Serious Impact

4. Please add any further information you feel the examiners should know:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp

For Office Use Only:

Date Received: \_\_\_\_\_