**Text

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**University Medical Note Request Form**

1. **Please read and tick the statement below that best describes your request:**

|  |  |  |
| --- | --- | --- |
| Short term illness or injury lasting up to 7 days | NTU self-certification form – a GP does not have to be consulted |  |
| Long term illness or injury lasting over 7 days | GP Medical Note – a GP **must** have been consulted for this long-term condition |  |
| Personal circumstances lasting over 7 days (e.g., Serious illness/death of relative) | GP Medical Note – a GP **must** have been consulted for this |  |

For more details and examples regarding the NTU policy for NEC’s or their self-certification form please see their website: [Submit a Notification of Extenuating Circumstances (ntu.ac.uk)](https://www.ntu.ac.uk/studenthub/my-course/student-handbook/submit-a-notification-of-extenuating-circumstances)

1. **Medical Evidence: other places you can get evidence**

* Download the NHS App – you will be able to see your recent medical records
* University self-certification form
* Hospital/clinic letter provided by the hospital
* Letter provided by your counsellor/psychologist
* Crime report and number
* Documentary evidence from a court or solicitor

1. **The GP will not provide a medical note for the following conditions/circumstances:**

* Failure to read the exam timetable/assessment deadlines
* Exam stress/pressure
* Minor illnesses (e.g., coughs and colds etc.)
* Self-induced conditions (e.g., hangover)
* Personal disruptions (e.g., holidays)
* Accommodation/housing disturbances

1. **Patient Details**

|  |  |
| --- | --- |
| Full Names | Former name(s) |
| Current student address | Former address (with dates of change) |
| Date of birth | NHS number (if known) |
| Contact phone number (including area code) | E-mail address |

1. **Please provide details of your condition/circumstance, including any dates you consulted a medical professional:**

|  |
| --- |
|  |

1. **Patient Disclaimer: Plead read, tick and sign**

|  |  |  |
| --- | --- | --- |
| I understand that a medical note is a non-NHS service and therefore cannot be completed urgently | |  |
| I understand that there is a minimum fee of £30 and a 2-week turnaround for a medical note from the GP | |  |
| I understand that a medical note cannot be provided to me if I have not been seen by a GP for my long-term condition | |  |
| I accept the GP’s ability to refuse me a medical note if I do not meet the relevant criteria | |  |
| Signature |  | Date |

**PLEASE NOW EMAIL THIS TO US AT** [**nnicb-nn.c84117@nhs.net**](mailto:nnicb-nn.c84117@nhs.net)