

Medical Evidence Form

For consideration of reasonable adjustments for disabled students

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Student Support Services

CONFIDENTIAL

To be completed by the student's medical practitioner or another qualified healthcare professional with information about the student's disability, medical and/or mental health conditions, to inform the provision of disability support and reasonable adjustments by the London School of Hygiene & Tropical Medicine, in line with our duties under the Equality Act 2010.

Completed forms should be returned by the student to the **Student Advice** service via studentadvice@lshtm.ac.uk (scanned PDF copy) or at London School of Hygiene & Tropical Medicine, Room G21, Keppel Street, London, WC1E 7HT.

Medical evidence is kept by the Student Advice team within Student Support Services and treated confidentially. It will not be shared with any internal or external services without written permission by the student.

Name of student

Date of birth

Medical condition(s) / impairment(s) likely to impact on studies

Date of diagnosis (approximate)

Likely duration of condition

Please describe the main symptoms and how the condition(s) and any applicable treatment may impact on the student's ability to access and engage with their studies

(Study tasks include attending lectures and seminars, note-taking, reading extensive texts, timed assessments, written assignments – handwritten or typed –, presentations and group discussions)

Where possible, please describe recommended strategies or accommodations to manage the condition in relation to study tasks

Name	Signature
------	-----------

Profession	Date
------------	------

Please validate this form with your official stamp
Alternatively state your title, name, address, telephone number and email address in case of a query