

# Claypath and University Medical Group

## Form for the request of a private medical opinion

### Your Details

Name	
Date of Birth	
Term Time Address	
Personal E-mail Address Please ensure this is accurate, up-to-date, and readable as your report will be <b>sent your e-mail address for you to forward to the University.</b>	
Telephone Number	
College	

### About your report request

Which doctor have you seen?		
When did you see the doctor?		
Has the doctor agreed to produce the report?	Yes	No Please discuss this with reception before submitting the form
Why is the report required? E.g. to support: a deadline extension/ alternative exam arrangements/ grading consideration		
What are the most important issues that you want to doctor to consider/include in writing the report?  Note: the report can only be based upon information the practice has from your consultations.		

### Information about how the reporting process

The medical report will be prepared by the doctor within the next 10 working days.

Once completed the **report will be sent to the e-mail address you have supplied on this form. It is then your responsibility to provide the report to the university.**

The Access to Medical Reports Act 1988 requires you to be advised of your statutory rights. You may request the report be changed if you believe any part is inaccurate. If the doctor does not agree to make a change, you may add a statement of your own alongside the report.

I understand that the private medical opinion report will **only be issued** if I have paid the **fee of £60.00** to the Claypath and University Medical Group. (NB: Payment to be made by cash or card only).

Signature of Student		Date	
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### Official use only

Date Received	Fee Paid	Receipt Number
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