

Student support

Fitness to resume studies

Name of student:

Date of Birth:

Address:
.....

Nature of the illness:

In your opinion is this student fit to re-commence their studies? Yes No

If yes, please indicate if any ongoing medical/therapeutic/other support is required:

.....
.....

If no, please give reason:

.....
.....

Name (Please print)

.....

Signature:

Date:

.....

Organisation / surgery name:

Organisation/ Surgery contact details -

Email: Telephone:

Organisational Stamp:

The University has a notification under the 1998 Data Protection Act and the personal data supplied on this form will be held in accordance with the requirements of the Act. The data will be held solely for the purposes of assessing the current state of health of the aforementioned student and to ensure that should the Doctor concerned recommend ongoing support that this is made available to the student.



University of Essex