

Health & Wellbeing Centre, 7 Bristo Square, Edinburgh EH8 9AL

0131 650 6828 [Disability.service@ed.ac.uk](mailto:Disability.service@ed.ac.uk)

[www.ed.ac.uk/student-disability-service](http://www.ed.ac.uk/student-disability-service)

**Disability Evidence Form**

To arrange support and set up an initial appointment, the Student Disability Service (SDS) requires you to provide suitable medical evidence. You can do this by either:

**Option A:**

Send/email a letter from a medical practitioner to SDS that outlines:

~ Details and symptoms of your disability, medical or mental health condition

~ When the diagnosis was made and how this affects your daily life and studies.

**Option B:**

Complete and send/email this form to SDS.

~ Enter your details in Section 1

~ Ask a medical practitioner to complete Sections 2 and 3 and sign the declaration.

All evidence must be presented in English.

**SECTION 1: STUDENT’S DETAILS** (student to complete)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Matriculation No: |  | Date of Birth: |  |

**SECTION 2: MEDICAL PROFESSIONAL DETAILS** (med. professional to complete)

In order for the University to provide the student with appropriate support, information about the nature of their disability, medical or mental health condition is required. Please complete the form, sign the declaration and pass it back to the student.

|  |  |  |
| --- | --- | --- |
| Your Name: |  | |
| Profession: |  | |
| Name and address of practice/organisation | |  |
|  |

Type of practice or organisation: (mark with an x)

|  |  |  |  |
| --- | --- | --- | --- |
| GP |  | Hospital |  |
| Primary Care Team |  | Other (give details) | | |
| Secondary Care Team |  |

Please state the student’s disability, medical or mental health condition.

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|  |

What are the student’s symptoms?

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|  |

Please explain how these symptoms might impact on the student’s studies.

|  |
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|  |

Is this disability, medical or mental health condition ongoing and long-term?

(To be considered long-term, the disability must have lasted at least 12 months.)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Date of diagnosis or onset of symptoms: | | | | |  |

**SECTION 3: MEDICAL PROFESSIONAL DECLARATION** (med. prof. to complete)

Sign, stamp and date this form to confirm that to the best of your knowledge the information provided is true and complete.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Office Stamp |  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Do you need help? | If you have any questions about evidence requirements or completing this form   * see: [www.ed.ac.uk/student-disability-service/students/evidence](http://www.ed.ac.uk/student-disability-service/students/evidence) * or email: [disability.service@ed.ac.uk](mailto:disability.service@ed.ac.uk)   All correspondence should include the student’s matriculation number. |
| Where to send your letter/form | * Hand-in your letter or form personally or send it by email or post. * Email and address details are at the top of this form. |