

Wellbeing and Inclusivity

Fitness to resume studies

Name of student:

Date of birth:

Address:

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Diagnosis and date of diagnosis:

Treatments offered / prescribed:

Current symptoms / impact on activities of daily living:

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In your opinion is this student fit to re-commence their studies including attendance on campus? (Please be aware that students will need to attend their campus for in-person teaching events and exams (where applicable), we are not a remote campus)

Yes No

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

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If no support required, please give rationale:

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.....

Name (Please print)

.....

Signature:

Date:

.....

Organisation / surgery name / stamp:

Email:

Telephone:

