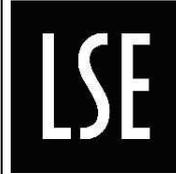


Disability and Wellbeing Service
Medical Information Form for students at the
London School of Economics and Political
Science



THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

CONFIDENTIAL

Please complete this form with information about the named student's disability, medical or mental health condition(s), in order for the DWS to put the appropriate reasonable adjustments and support in place.

PLEASE SEE PAGE 3 FOR GUIDANCE NOTES.

Full Name of Student

**Date
of
Birth**

This student has the following condition(s):

The diagnosis dates from:

What is the likely duration of the condition(s)? i.e. is this a **temporary** or **permanent** condition

How stable is the condition(s)? i.e. is this a **static** or **fluctuating** condition

Details of the severity and complexity of the condition(s):

How does the condition(s) affect day-to-day activities?

How might the condition(s) affect academic tasks, including formal exams?		
Medication(s) - please give details of any prescribed medication and the impact of any possible side effects:		
Medication(s) - please indicate how the condition might impact upon daily and academic life if medication was not in use:		
Overview of coping strategies used to manage the condition(s):		
Signature:	Name:	Date:
In what capacity are you signing this form? (e.g. G.P. / Consultant):		

Please validate this form with your official stamp AND state your title, name, address, telephone number, facsimile number & email address in case of a query.

Thank you for taking time to complete this form for our student.



Guidance Notes

Medical practitioners and other appropriately qualified professionals who provide information should consider the following:

Details about the condition:

Please give a diagnosis AND indicate the type, severity and complexity of the condition. A diagnosis alone may not be enough to help the DWS Adviser put appropriate support in place. For example, a statement of a diagnosis of 'Cerebral Palsy' does not indicate the severity or complexity of the condition as experienced by the student. Cerebral Palsy may not always interfere noticeably with the ability to study at university; however, in some instances, the level of impairment is severe and the ability to engage as fully as possible with academic studies without adjustments is substantial.

Please indicate for how long the student has had the condition or the symptoms related to the condition and whether the condition is temporary or permanent. Many conditions can cause severe impairment and yet be expected to desist either spontaneously or in response to treatment.

Please indicate if the condition is stable in nature or if it is likely to fluctuate.

Impact of medication:

Please indicate what possible impact any medication prescribed to the student may have upon the ability to undertake academic tasks, particularly exams. It is known that some medication prescribed for certain conditions can make students feel drowsy and sluggish first thing in the morning, whilst other medication may impact upon the efficiency with which a student processes information.

If you have any queries regarding this form, please contact:

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2016