

**Medical Certificate for  
Personalised Assessment Arrangements**



**CONFIDENTIAL**

In order to ensure that comparable consideration may be given to each request for Personalised Assessment Arrangements, it would be appreciated if the medical practitioner, asked to support such requests, could complete this form. Please note that this certificate relates only to written and MCQ examinations for students of King's College London.

**Full Name of Student**

**i) This student has presented with the following condition.** Please give a diagnosis if possible and indicate the type and degree of disability.

**ii) Since what date.** Please also indicate whether the level of disability is temporary or permanent.

**iii) Has the student received specialist assessment or treatment?** If yes, please provide details.

**This condition is likely to affect his/her performance in written examinations in the following way(s):**

**The following Personalised Assessment Arrangements would compensate him/her during written examinations,** but not to the extent that other candidates would be disadvantaged. *(If extra time or rest breaks, please specify the amount of time per hour.)*

Signature:

Name:

Date:

**In what capacity are you signing this certificate?** (e.g. G.P., Consultant etc.)

**Please validate this form with your official stamp or state your title, name, address, telephone number & e-mail address in case of query.**

# **Guidance notes for completion of Medical Certificate (for students of King's College London requesting Personalised Assessment Arrangements).**

Students who request Personalised Assessment Arrangements on medical grounds are required to provide medical evidence in support of their requests. Medical practitioners who provide this evidence should consider the following points:

## **1) Details of condition**

**a) Please give a diagnosis if possible AND indicate the type and degree of disability.** A diagnosis alone may not be sufficient to guide the Personalised Assessment Arrangements Committee in granting arrangements. For example, a diagnosis of "Cerebral Palsy" does not imply the level of disability experienced. Cerebral Palsy may not always interfere with the ability to undertake an examination. On the other hand in many cases the level of disability may be extreme.

**b) Please indicate how long the student has had the symptoms or disease causing the difficulty in undertaking examinations and whether the level of disability is temporary or permanent.** Many conditions can cause severe disability and yet be expected to recover either spontaneously or in response to treatment.

**c) Please indicate if the student has received specialist assessment or treatment** and if possible give the name and address of the specialist and when the student was last seen.

## **2) Impact on performance in written examinations (IMPORTANT)**

In completing this section please consider the student's difficulties in the context of the kind of remedies that might be helpful and which you could mention in the final section.

## **3) Suggested Personalised Assessment Arrangements**

Personalised Assessment Arrangements can include but are not limited to:

Rest breaks – where students suffer fatigue or other symptoms which resolve with rest

Extra time – where student's reading, writing or thinking speed is reduced as a result of illness/disability

Supportive aids – such as a writing slope, a computer, a scribe (amanuensis), enlarged font exam papers, ergonomic chair

Alternative accommodation – where students may suffer anxiety or have symptoms that may be discomfiting to themselves or others