



Medical information form for Access Arrangement applications

This form can be used by candidate's applying for access and inclusion arrangements to help them to collate evidence to support their application.

Please submit this form, along with your application form to exams@actuaries.org.uk

Part A of this form should be completed by the candidate. **Part B** should be completed by a health and/or educational professional.

The IFoA relies on advice from health and/or educational professionals when reviewing applications for access and inclusion arrangements.

Part A - To be completed by the candidate

Full Name of candidate		ARN	
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Do you have a clinical diagnosis? Y/N

Diagnosis:

Date of the diagnosis:

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

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

Can you please give details of the symptoms you experience?

How could these symptoms impact upon your ability to access and undertake examinations?



Medication(s) – Do you experience any side effects and how do they affect your function when sitting examinations?

Please list coping strategies you have used to manage your symptoms/condition(s)

Recommendation(s) – please identify what adjustments you have previously had for examinations. If you have previously received extra time or rest breaks, then specify the amount you have previously had.

Part B –To be completed by the medical professional

Please confirm the clinical diagnosis:

Medication(s) - please indicate the possible impact any medication prescribed to the Candidate may have upon the ability to undertake examinations, *for example some medication can make candidates feel drowsy and sluggish first thing in the morning.*



Access arrangements recommended: Please select the access arrangements you are recommending (you can select more than one):

- ☐ Extra time, please specify: ____ %
- ☐ Rest breaks, please specify: ____ %
- ☐ Remotely proctored examination
- ☐ Use of scribe
- ☐ Use of speech recognition software
- ☐ Use of computer reader
- ☐ Use of reader
- ☐ Carer and/or service animal
- ☐ Other: ____

Comfort Aid requirements – List any items required from our Comfort Aid list

Additional requirements to be shared with the invigilator- Please select which are applicable (you can select more than one):

Rest breaks taken at exam desk

- ☐ Rest breaks taken at exam desk
- ☐ Rest breaks can be used for leaving the room, e.g. accessing medication
- ☐ Permission to speak or read aloud
- ☐ Physical stimming or tics
- ☐ Vocal stimming or tics
- ☐ Other please specify: ____

How long would you recommend these adjustment(s) are put in place for? Please recommend a length of time, e.g. 1 year.

Signature:

Name:

Date:

In what capacity are you signing this form? (e.g. G.P. / Consultant):

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