

CATHAYS SURGERY

Sickness Notes for University/College Consent

Section 1 – Your details			
Mr-Mrs-Ms-Dr-Other		Surname	
First Name			Other Initials
Address			
Telephone Number		Date of Birth	
Section 2 – Information requested			
Please provide the University/College with information held on myself by the Practice specifically referring to:			
The information requested by the college in the letter that I have enclosed.			
Please ensure you have letter from the university/ college outlining what information is required and why.			
Please Note: These notes/reports can take up to 14 days to be completed.			
Section 4 – Signature			
Payment to be made by Cash /Debit Card.			
Signed:			Date: