

HEALTH AND DISABILITY REPORT FORM

You must complete this form as a requirement by the Marshall Commission to confirm that you are fit to travel to and study in the UK.

If you have a disability, health condition or study needs that may require special provision or treatment during your award, we strongly encourage you to disclose them in this form and to be as open about your needs as possible.

This form asks you to disclose information about your health. We understand this may be sensitive personal information, and we categorise it as 'special category data'. We require this data for the purposes of providing assistance, reasonable adjustments and to ensure we are compliant with the Equality Act 2010: <https://www.gov.uk/guidance/equality-act-2010-guidance>. Special category data will be held securely with restricted access.

By completing this form, we may be able to offer you guidance for your living and studying in the UK. Any information that you disclose will be handled in confidence, only reviewed by relevant staff at the Marshall team and the Foreign, Commonwealth and Development Office, and your university and Disability Right's UK (if consent is provided below). All information will be stored securely in line with our data protection policy which you can read here: <https://www.marshallscholarship.org/privacy-notices-and-cookie-policy>

This form must be completed by 19th December 2025.

Section 1: Personal details

Full name	
Date of birth DD/MM/YYYY	
Home Address	
Telephone	
Email address	

Section 2: Health and disability declaration

In the UK you have rights as a disabled person under the Equality Act if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- 'substantial' is more than minor or trivial, eg it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, eg a breathing condition that develops as a result of a lung infection

Do you have a disability as described in the Equality Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any long-term health conditions or condition requiring regular medication or medical attention? (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have dyslexia, dyspraxia, dyscalculia or any other specific learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a learning disability? (e.g. Down's syndrome)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any mental health conditions, including depression, schizophrenia or anxiety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a social or communication difficulty such as a speech and language impairment or autism spectrum condition or other neurodiversity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any issues with your mobility or a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you blind/partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Yes No

Are you deaf/hard of hearing?

Prefer not to say

Yes No

Do you have a fatigue or pain condition? (e.g. multiple sclerosis)

Prefer not to say

Yes No

Do you have a short-term or temporary health condition/requirement? (e.g. broken bone)

Prefer not to say

Yes No

Do you take any regular medication?

Prefer not to say

Yes No

Are you pregnant? (if applicable)

Prefer not to say

Yes No

Are you likely to need special provision or support for your health or a disability during the period of your award?

Prefer not to say

Do you have any other long-term health condition not detailed above? (please provide details)

If you have answered 'yes' to any of the above questions, please complete Section 3: Disability or Health Support Requirements.

If not, please go to Section 4: Declaration and Signature.

Section 3: Disability or Health Support Requirements

The purpose of this section is to ascertain if you require any additional support whilst you are on award in the UK. Please complete this questionnaire as honestly and with as much information as possible; this will enable us to provide you with confirmation of support available and allow either the Commission or your host university and yourself to make arrangements to support you. This questionnaire does not affect your Scholarship offer; the answers to the questionnaire are confidential within the Commission; contact with any third party will only be made with your consent.

Please tell us more about your disability or health condition and how it is likely to affect your stay in the UK. What support, medical attention or special provision are you likely to require? If you are pregnant, please also include your due date here.

The Commission may be able to arrange, offer or advise you on other forms of support. Please check the box if you are likely to require any of the following during your stay in the UK:

- Different formats of documentation
- Mobility training/orientation (for blind/partially sighted scholars)
- Specialist equipment or support
- Assistive technology
- Personal care or assistance
- Assistance at Commission events (e.g. sighted guide or sign language interpreter)

If you have ticked any of the boxes, please give further information below. If you have ticked that you require personal assistance or specialist equipment, please state whether you already have this in place or if you would like advice from the Commission on arranging it.

Have you informed your university of your disability or health requirements?

Yes No, not yet No, I do not intend to

Have you been in contact with your university about carrying out an assessment of your disability or health condition when you arrive in the UK so that they can make reasonable adjustments (such as arranging a note taker in lectures, library assistance, specialist study equipment, documentation in alternative formats) for your study needs?

Yes No I don't know

If you are currently or are planning to stay in university accommodation or accommodation arranged by your host, have you informed the accommodation provider of any disability or health-related accommodation requirements?

Yes No, not yet Not applicable

Do you require any support in your personal life related to a disability or health condition? **Please note that if you have declared a disability a full assessment of your needs and eligibility for additional support will be offered by the Commission and your British university.**

Specialist Equipment (e.g. wheelchairs, adapted cutlery, assistive technology)	<input type="checkbox"/>
Specialist food (i.e. due to allergies)	<input type="checkbox"/>
Specialist clothing (e.g. incontinence clothing, orthopaedic shoes)	<input type="checkbox"/>
Therapies (e.g. physiotherapy, hydrotherapy, speech and language therapy, counselling)	<input type="checkbox"/>
Carer aid	<input type="checkbox"/>
Medication	<input type="checkbox"/>
Specialist transport (e.g. wheelchair accessible taxis)	<input type="checkbox"/>

If you have checked a box please give brief details

Other (please provide details)

Section 4: Declaration

I confirm this declaration provides as accurate a picture of my health and medical needs as I am prepared to provide. I understand that an inaccurate declaration could affect the Marshall team's ability to advise on support should it be required whilst I am on award in the UK.

I confirm that I am fit and well enough to travel to the UK and to undertake a course of there is any significant change in my health after initially completing this form, I will inform Marshall team immediately.

I confirm that I have read and understood the information relating to health, the NHS, registering for a GP and accessing medication in the UK in the Marshall Scholar Handbook.

I confirm that I have or will consult this form and any health needs with my healthcare provider in the US before travelling to the UK, including access to repeat prescriptions and continuity of existing care (This is especially important for Scholars with pre-existing health or mental health conditions).

Section 5: Consent

The Commission would like to discuss your requirements with the organisations listed below in order to understand the support that might be made available to you. Your data will be handled with utmost sensitivity. You will be contacted by the Marshall team before contact is made with any other third party (which can only be done with your consent).

I give my consent for the Commission to discuss my requirements with:

Disability Rights UK (to arrange a needs assessment)	Yes	No
The UK university (if needed to arrange support for your course):	Yes	No

Signature:

Date:

Please sign the form and upload to the relevant task on ASAMS.

We advise that you that we will keep a copy of the completed form for your records.