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Medical information (confidential)

When applying for a provision in the event of incapacity for work or special circumstances

This form

A student who cannot meet the performance requirements due to special circumstances may be eligible for a provision for the performance-related grant. In case of a medical circumstance, the student must have this form completed by a doctor when making this application. The student should complete question 1. The doctor should complete question 2.

Send in

The student should send this form together with the *Application provision in special circumstances* form to:
Dienst Uitvoering Onderwijs Postbus 50061
9702 DA Groningen

More information

duo.nl

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1 Details of student

1.1	Citizen Service Number (BSN)	<table border="0" style="margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																		
1.2	Surname (birth name)																			
	Official first name and other initials																			
1.3	Date of birth	<table border="0" style="margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Year</td> <td colspan="6"></td> </tr> </table>										Day	Month	Year						
Day	Month	Year																		
1.4	Address Street and house number																			
	Postal code and town/city																			
	Country																			
1.5	Postal address PO Box or street and house number																			
	Postal code and town/city																			
	Country																			

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2 Details of doctor

See the explanatory notes

2.1 Surname		
	First name	Other initials
Official first name and other initials		
	Street	House number
2.2 Address		
	Postal code	Town/City
2.3 BIG number		
2.4 Name of person involved		
	Month	Year
2.5 What is the situation of the student mentioned at question 2.4?		
	<input type="checkbox"/> A medical condition in the period	-
		Month Year
	<input type="checkbox"/> A disability or chronic illness since	
	Day	Month Year
2.6 I hereby declare that I have completed this form truthfully and in full		
	Signature of doctor	Stamp of doctor

Explanation

General

This form has been drawn up in coordination with the Royal Dutch Medical Association (KNMG).

Re. 2 Details of doctor

You do not need to make an assessment. This form is not a medical certificate. The student dean or confidential adviser will assess whether, in view of the medical circumstance, the educational institution supports the application.