Appendix A: Security Scan Waiver Application Form

Full Name	
Email Address	
Telephone Number	
College of Application	
Examination Date	

Please state the grounds on which you are making a request for a waiver

□ Implanted medical device

□ Cochlear implant or hearing device

□ Insulin pump or Continuous Glucose Monitor

□ Physical disability or mobility restriction

□ Medical appliance or prosthesis

□ Other exceptional circumstance

Reason for request:

_____

Supporting evidence submitted:

□ Medical certificate
□ Specialist letter
□ Device documentation
□ Other

Candidate Declaration

I confirm the information provided is true and accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: _____