

**WOLFSON COLLEGE, CAMBRIDGE  
STUDENT MEDICAL CONFIRMATION**

*(For College Records)*

**NEW STUDENTS**  
**AFTER YOU HAVE REGISTERED WITH A DOCTOR AND/OR A DENTIST**

Please complete this form and return it to the Tutorial Office pigeonhole (near the Porters' Lodge)  
***All students are required to register with a Cambridge doctor whilst studying in Cambridge***

**YOUR FULL NAME:** .....

**NAME YOU LIKE TO BE KNOWN BY:** .....

Full name and nationality of accompanying partner (if any):  
.....

Names and dates of birth of accompanying children (if any):  
.....  
.....

Term Time address:  
.....  
.....  
.....

Mobile Tel:.....

Email Address (not @cam) .....

**Doctor's name; address and phone number**  
(the doctor with whom you have registered in the UK or Cambridge):  
.....  
.....

**Dentist:** The Trumpington Dental Service is at 3 Trumpington Street, Cambridge (no need to register) but you can register with any local dentist if you wish.  
.....

**Signature:** .....

**Date:** .....