



**MEDICAL REPORT
TO COVER ABSENCE DURING EXAMINATIONS**

In cases of illness the student shall present to the home Faculty/Institute/Centre/School this medical report, as proof of illness, which shall be signed on each page by a medical practitioner.

This report must be presented to the Faculty/Institute/Centre/School Office not later than 24 hours after the commencement of the first examination listed below.

PART A – TO BE COMPLETED BY STUDENT

Surname _____ First Name/s _____

Student Code/ID Card No. _____ Course and Year _____

Faculty/Institute/Centre/School _____

Academic Year _____

Semester 1 Examination Session

Semester 2 Examination Session

September Examination Session

DETAILS OF THE EXAMINATION/S FOR WHICH THIS MEDICAL REPORT IS BEING PRESENTED

DATE OF EXAMINATION	TIME	STUDY-UNIT CODE	TITLE OF STUDY-UNIT

Signature of Student: _____ **Date:** _____

Signature of Practitioner: _____ **Date:** _____

Continue overleaf

PART B – TO BE COMPLETED BY PRACTITIONER

If the medical condition is a psychiatric/mental health issue, a certificate by a psychiatrist is required.

1. I hereby certify that at the request of the student named overleaf, I examined the student on:

2. In my opinion, the student could not reasonably be expected to sit for the examination/s because of:

3. The student is unable to sit for examinations in the next:

24 hours 2 days 3 days Other

4.1. This is an acute / chronic problem for this student and is likely to recur.

4.2. This is not an acute or chronic problem .

PRACTITIONER VERIFICATION:

Name: _____ Registration No.: _____

Mobile No.: _____ Email address: _____

Signature: _____ Date: _____

Stamp: _____

I am aware that in cases of repeated absences, the University may refer students to a board appointed by Senate to determine whether these absences are justified.

Signature of Student: _____

For Faculty Use Only:

Medical Report received on : _____ at: _____

Receipt issued by : _____