



To be sent to: Name: _____

Department: _____

Medical Certificate

University regulations state that a student who is absent from attendance at prescribed modules without prior permission for five consecutive days must report the reasons for absence to his or her Head of School/Department or their nominee. In case of illness, University guidelines on the production of medical certificates must be followed by completion of this certificate.

To be completed by student:

Surname _____ First Name(s) _____

Year of Study _____ Student ID No. _____

Name of Tutor _____

First day of absence _____ Final day of absence _____

Number of days of current absence or illness _____ **(NB Cannot exceed 5 for self-certification)**

Total Number of certified days of illness this academic year _____

NB A Practitioner's certificate is required for each absence after a total of 10 days is reached

List and date all activities which have been affected by your medical problems:

If the period of illness described on this note affected an examination or significant piece of assessment (ie contributing to your progress to the next year or to your degree classification), please list the examinations or assessments which you believe were affected and give all relevant dates:

Self-Certificate (Category 1A: Minor illness such as flu, cystitis, tonsillitis, migraine, sinus or dental infection) Please briefly outline the reasons for your absence:

Student's Signature _____ **Date** _____

Please return to your Head of School/ Department or their nominee

NB Doctor's stamp not required for category 1A illnesses

YOU SHOULD NOT USE A SELF-CERTIFICATE DURING EXAMINATION PERIODS OR IMMEDIATELY SURROUNDING THE SUBMISSION DATES FOR SIGNIFICANT ASSESSMENTS (IE THOSE CONTRIBUTING TO YOUR PROGRESS TO THE NEXT YEAR OR TO YOUR DEGREE CLASSIFICATION)

Category 3 only

If you have an ongoing illness (Category 3) your GP will be asked to send a letter to your Head of School (or authorised nominee) explaining the extent of your illness and the impact which it is likely to have on your studies. Please sign and date below to indicate your consent for such a letter to be sent.

Student's Signature _____ **Date** _____

To be completed by GP/ Specialist (Please tick the relevant category):	
<input type="radio"/>	Category 1B: Minor illness but more than 10 days absence this academic year.
<input type="radio"/>	Category 1C: Minor illness at exam/significant assessment time.
<input type="radio"/>	Category 1D: Minor illness lasting more than 5 days
<input type="radio"/>	Category 2: Significant illness eg hospital admission, operations, glandular fever, severe pyelonephritis
<input type="radio"/>	Category 3: On-going illness eg depression, arthritis, unstable diabetes or asthma. Please request a letter for the student's tutor explaining the extent of their illness and the likely impact on their studies.
<input type="radio"/>	Category 4: Retrospective Certification – this is likely to carry less weight than contemporaneous certificates
Dates:	
Category 4A Minor Illness	From _____ To _____
Category 4B Significant Illness	From _____ To _____
Category 4C Serious or Ongoing Illness	From _____ To _____
Details: _____ _____ _____ _____ _____ _____ _____	
Practitioner's Signature _____ Date: _____	
Practitioner's Stamp:	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div>

Notes

Students should fill in their personal and course details BEFORE seeing the Practitioner.

This certificate should be given to your Head of School/Department or their nominee as soon as practical.

It is a student's responsibility to keep a tally of the number of days of illness or absence over the year.

Practice Nurses may issue Category 1B and 1C notes.

Any charges levied by your doctor for this Certificate have to be paid by you

Action taken by the School/Department in response to this form (e.g. given extra week to complete work, excused essay etc)

Signature of School's Officer _____ Date: _____