

## **GUIDELINES - MEDICAL CERTIFICATE**

## FOR STUDENT

A student who is absent from an examination due to illness may submit an application for make up examination within <u>five</u> working days from the date of the missed examination for consideration by the Academic Registry and the relevant Department/Programme Office. The application should include both a sick leave certificate and the Form of Medical Certificate on the back hereof completed by a qualified medical practitioner.

Please complete Part I of the Form of Medical Certificate before sending it to your attending doctor. Please make sure that the form is properly <u>signed and stamped by the doctor</u>. The provision of the sick leave certificate and this Form does not mean that the application for make-up examination is successful. Approval is subject to further consideration by the University.

## FOR ATTENDING DOCTOR

It is the University policy to request students who are unable to sit for the examination(s) due to illness to supply proof of medical condition by a qualified medical practitioner when applying for make-up examination. To assist the University to better understand the student's physical condition, please complete Part II of the Form on the back hereof and attach additional information, if deemed necessary.

Please return the completed form to the student and retain a copy for the patient's file. In case of need, the University may contact you for further information.



## APPLICATION FOR MAKE-UP EXAMINATION FORM OF MEDICAL CERTIFICATE

ACADEMIC REGISTRY

| PART I                            | TO BE COMPLETED  | BY STUDENT  |                                      |  |
|-----------------------------------|--|---|--------------------------------------|--|
| I,and assessment below:           | , here to the Hong Kong Bar  | eby authorize Dr<br>otist University for support          | ing my absence                       | to provide my health condition at the examination(s) as detailed       |
| Course Code                       | Course Title   |   |                                      | Examination Date and Time  |
| for consideration of this medical | at the information providence of my application for a certificate. | led on this form will be hel<br>make-up examination(s). I | d in confidence a shall bear the cos | nd will be used by the University t, if any, incurred in the provision |
| Student Name:                     |  | Student No  | Coi                                  | ntact Tel. No  |
| Student Signatu                   | re:  |   | Date:                                |  |
| 3. The health                     | condition of the student i   | s considered  |                                      |  |
| Medica Medica                     |  | te question 4) for atte                                   | ending examination                   | on on the above date(s).   |
| 4. The studen medical cor         | t is considered medically asultation. (Please provide              | y unfit for examination for de an appropriate sick leave  | certificate in add                   | _ day(s) starting from the date of dition to this form.)               |
| Name of attend                    | ing doctor:  |   |                                      |  |
| Signature of At                   | tending Doctor:  |   |                                      |  |
| Date:                             |  |   |                                      |  |
| Address:                          |  |   |                                      | Official Stamp   |
| Contact No.:                      |  |   |                                      |  |