UNIVERSITY^{OF} BIRMINGHAM

Medical Certificate

University regulations state that a student may not absent himself or herself without the prior permission of his or her Head of School/Department or their nominee. In the case of illness, University guidelines on the production of medical certificates must be followed by completion of this certificate. Minor illnesses other than at examination times are NOT grounds for claiming extenuating circumstances. PLEASE ASK YOUR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL TO USE THIS CERTIFICATE, AS MED3 AND PRIVATE NOTES WILL NOT BE ACCEPTED.

To be completed by student:			
Surname	First Name(s)		
Year of Study	Student ID No		
Name of Tutor	Welfare Tutor		
First day of absence	Final day of absence		
Total number of working days' absence	e this Academic Year		
List and date all activities which have be	en affected by your medical problems:		
(i.e. contributing to your progress to the next	affected an examination or significant piece of assessment year or to your degree classification), please list the ieve were affected and give all relevant dates:		
Student's Signature	Date		
Please return to your Head of School/ Department or their nominee			
Action taken by the School/Department ir complete work, excused essay etc)	n response to this form (e.g. given extra week to		
Signature of School's Officer	Date:		

responsibility to pay any fees for the letter AND to ensure there is no undue delay on my part in this being sent to the University			
To be sent to: Name:	Department:	Building	
CATEGORY 1			
Medical Certificates are only accept	oted for Significant Illness		
	dmission, operations, glandula	ove named student is or has suffered from a r fever, severe pyelonephritis, infectious	
From	and this will impact or	n their studies until	
Diagnosis:	Is this a retrospec	etive certificate*? Yes No [CATEGORY 1R]	
CATEGORY 2			
In the case of on-going illness e.g. depression, arthritis, unstable diabetes or asthma, please provide a letter, if appropriate, for the student's tutor explaining the extent of their illness and the likely impact on their studies.			
On-going Illness Diagnosis:			
Impact on studies			
[If you are certifying an <u>exacerbation</u> of this illness, please indicate when additional impact on studies started and indicate how long it is likely to last]			
continuing. Students should refe	er themselves to Student Sup	ne on-going illness has resolved or is oport Services [SSS] at 3 Elms Rd [Tel 0121 at Advice Form which must be discussed with	
CATEGORY 3			
ONLY TO BE COMPLETED FOR PROGRESSION	EXAMINATIONS OR ASSESS	SMENTS COUNTING TOWARDS DEGREE OR	
Not valid at any other time			
Sudden disruptive illness – started on and will continue until			
Diagnosis			
Signature	Date	Stamp	
Name of Practitioner			
Please circle your position: GP Hospital Consultant			
Hos	pital Doctor Nurse Counse	ellor	

I consent to my Medical/Nursing/Counsellor or other Health Practitioner providing the information below and any accompanying letter. I wish/do not wish to see the letter before it is sent to the University. It is MY

Notes

certificates.

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.

*If this is a RETROSPECTIVE CERTIFICATE, this is likely to carry far less weight than contemporaneous