



GRADUATE SCHOOL

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 **five** working days from the date of the missed examination for consideration by the Graduate School 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 the form is properly signed and stamped by the doctor. 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.



GRADUATE SCHOOL

APPLICATION FOR MAKE-UP EXAMINATION
FORM OF MEDICAL CERTIFICATE

PART I TO BE COMPLETED BY STUDENT

I, _____, hereby authorize Dr. _____ to provide my health condition and assessment to the Hong Kong Baptist University for supporting my absence at the examination(s) as detailed below:

Course Code	Course Title	Examination Date and Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the information provided on this form will be held in confidence and will be used by the University for consideration of my application for make-up examination(s). I shall bear the cost, if any, incurred in the provision of this medical certificate.

Student Name: _____ Student No. _____ Contact Tel. No. _____

Student Signature: _____ Date: _____

PART II TO BE COMPLETED BY THE ATTENDING DOCTOR

1. I hereby certify that the above-named student consulted me on _____ at _____.
(dd/mm/yy) (time)

2. The student was diagnosed the following illness:

3. The health condition of the student is considered

Medically unfit (Please complete question 4)

Medically fit

} for attending examination on the above date(s).

4. The student is considered medical unfit for examination for _____ day(s) starting from the date of medical consultation. (Please provide an appropriate sick leave certificate in addition to this form.)

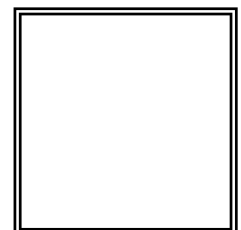
Name of attending doctor: _____

Address: _____

Contact No.: _____

Signature of Attending Doctor: _____

Date: _____



Official Stamp