

## College-Level Medical Certificate

*In the event a student is unable to write a final examination due to medical circumstances, students are required to seek medical attention immediately and ensure this form is completed by a qualified medical practitioner.*

**Student Name:** \_\_\_\_\_

**I am writing to certify that I have been in attendance to** \_\_\_\_\_ *(above named student)*

**on** \_\_\_\_\_ *(date)* **and wish to confirm that:**

- In my professional opinion, the student is medically unable to write a final examination on \_\_\_\_\_ *(date)*.
- In my professional opinion, and due to medical circumstances, the student is medically unable to write examination(s) for an extended period of time. It is expected the student will be able to resume their studies as of \_\_\_\_\_ *(date)*.
- I do not have sufficient knowledge of the student's illness on the date of the examination, therefore, cannot certify the student is unable to write a final examination.

**Additional Notes:**

By completing the *College-Level Medical Certificate*, the medical practitioner acknowledges that this certificate will be submitted by the student as part of their application for a deferred final examination within the College of Engineering.

\_\_\_\_\_  
**Signature of Medical Practitioner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**Medical Clinic Contact Information**

*Please use a stamp or voided clinic note if available.*

**Clinic Name:**

**Address:**