THE UNIVERSITY OF THE WEST INDIES

MEDICAL CERTIFICATE/REPORT
(Coursework and Final Examinations)

To be completed by Medical Officer and submitted in accordance with University regulations (21) (ii) which states that in cases of illness the candidate shall present to the Campus Registrar a medical certificate as proof of illness, signed by the University Health Officer or by any approved medical practitioner. The candidate shall send the medical certificate within seven days from the date of that part of the examination in which the performance of the candidate is affected.

PART A – TO BE COMPLETED BY STUDENT:

Surname_____ First Name_____

Student ID#_____ Faculty_____

Academic Year _____ Semester I ☐ Semester II ☐

Course-Work ☐ Mid-Term ☐ Summer/Resit ☐ Final Exam ☐ General/Other ☐

DATE	TIME	COURSE CODE	SUBJECT

I,_____, hereby authorize Dr./Mr./Ms._____ to provide the following information to the **Student Medical Officer, The University of the West Indies** and, if required to supply additional information to support my request for academic consideration for medical reasons. My personal information will be used for administrative and academic record-keeping, academic integrity purposes and the provision of services to students.

_____ _____
Signature Date (yy/mm/dd)

MEDICAL CERTIFICATES MUST BE SUBMITTED WITHIN SEVEN (7) DAYS FROM THE DATE OF EXAMINATION.

PART B – TO BE COMPLETED BY PHYSICIAN:

1. I hereby certify that I provided Health Care Services to the above named student on

_____.
Insert date(s) student seen in your office

2. The student could not reasonably be expected to complete academic responsibilities for the following reasons:

_____

_____

_____

_____

3. This is an ☐ acute / ☐ chronic problem for this student.

4. Unable to complete academic responsibilities for:

☐ days ☐ months

☐ weeks ☐ other (please indicate)_____

DATES: From_____ to _____

5. If the student is permitted to continue his/her course of study, is the medical problem likely to recur and affect his/her studies again? Yes ☐ No ☐

Reason:_____

_____

6. If the student is permitted to continue his/her course of study, are there any accommodations, restrictions or special conditions that need to be followed?

☐ Yes ☐ No

If yes, provide details:_____

_____

_____

PHYSICIAN VERIFICATION

Name :(please print) _____ Registration No._____

Signature: _____ Telephone No._____

Stamp: _____