



# 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: \_\_\_\_\_