



Application for Make-Up Examination Form of Medical Certification

PART I (To Be Completed By Student)

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

Course Title

Lecturer

I understand that the information on this form will be held in confidence and will be used by the College for consideration of my application for make-up examination(s).

Student Name: _____

Student ID: _____ Contact 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 _____ (Date) at _____ (Time).

2. The student was diagnosed the following illness:

3. The health condition of the student is considered

() Medically unfit (Please complete question no.4)

() Medically fit

for attending examination on the above date(s).

4. The student is considered medically 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 : _____

Signature of Attending Doctor : _____

Date : _____

Address : _____

Contact No. : _____