



## 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

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Lecturer

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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:

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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. : \_\_\_\_\_