

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