### Student Request Medical Certificate

**THIS SECTION MUST BE LEGIBLE AND COMPLETED BY THE STUDENT.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Student ID</th>
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<tbody>
<tr>
<td>Family Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Email</td>
<td>Tel No.</td>
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</tbody>
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**THIS SECTION MUST BE LEGIBLE AND COMPLETED BY A LICENCED MEDICAL PRACTITIONER. ANY INFORMATION ADDED, OR CHANGED, BY THE STUDENT WILL RENDER THIS CERTIFICATE INVALID.**

*Note for the Medical Practitioner: If you recommend that the student withdraw from a course or courses before you first saw the student for the medical condition, your rationale must be clearly explained.*

I examined this student for a medical condition on: _____________________________________________________________________ Date

The student is not able to engage in normal activities because of the following illness or injury: _____________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

I have arranged the following follow-up plan and visits for this student: _____________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

I have advised this student to reduce his or her course load □ Yes □ No

The student is not able to attend classes or labs or to write exams or papers from _________________ until _________________.

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Is this a chronic condition □ Yes □ No.

If “Yes,” I have discussed managing this condition with the student □ Yes □ No

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M.D.’s Name _______________________ Please print name legibly

Licence/Registration No. _______________________

Signature ________________________________

[ ] M.D. Seal