

**CONFIDENTIAL
MEDICAL REPORT FORM**

SECTION A To the Student:

1. A candidate who was absent from an examination on account of illness to submit a medical report to Associate Provost (Graduate Education) within forty-eight hours of the examination date.
2. You must complete Section A of this form before you present it to the certified medical practitioner attending to you. It is your responsibility to arrange for the medical practitioner to complete Section B of the form and to ensure that **the form reaches the Graduate Studies Office within forty-eight hours of your absence.** If a medical certificate has been issued to you, please submit it to the Graduate Studies Office within forty-eight hours. **This report does not replace the medical certificate. You must submit the medical certificate in addition to this report.**

Name

Matriculation No.

Course(s) in which you were absent or requesting special consideration (e.g B6121)

1.

2.

3.

I hereby authorise release of this medical report to the Nanyang Technological University.

Signature: _____

Date: _____

Contact No: _____

SECTION B To the Medical Practitioner:

The abovenamed student is required by University regulations to submit a medical report detailing the nature of the illness that has caused him/her to be absent from an examination or has affected his/her performance. As the student's medical practitioner, please furnish us a written report of the illness by completing Section B. ***Please fax it to 67931140 or mail it to Associate Provost (Graduate Education), Nanyang Technological University, Graduate Studies Office, Student Services Centre, Level 3, 42 Nanyang Avenue, Singapore 639815.*** Your report is confidential and the student should not be permitted to view the report. All charges incurred in relation to this report are to be paid by the student. Thank you for your co-operation.

a) The abovenamed student sought medical attention on : (date) _____

b) Was a medical certificate issued (please tick)?

No

Yes, valid from _____

to _____

c) Nature of illness or complaint (Please provide a brief description)

d) Would the student's condition affect his/her ability to sit for an examination?

No

Yes, please explain :

Signature of Medical Practitioner
completing form: _____

Date: _____

**Hospital/Clinic Stamp:
(compulsory)**