CONFIDENTIAL
MEDICAL REPORT FORM FOR GRADUATE PROGRAMMES

SECTION A
To the Student:

1. A candidate who was absent from an examination on account of illness is to submit this medical report to One Stop @ SAC, 50 Nanyang Avenue, NS3-01-03 Academic Complex North within two (2) working days of absence from the examination.

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 One Stop @ SAC, 50 Nanyang Avenue, NS3-01-03 Academic Complex North within two (2) working days of absence from the examination. If a medical certificate has been issued to you, please submit it to One Stop @ SAC, 50 Nanyang Avenue, NS3-01-03 Academic Complex North within two (2) working days of absence from the examination. This report does not replace the medical certificate. You must submit the original medical certificate in addition to this report.

3. The medical certificate should cover the period of examination absent.

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 above-named 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 Office of Academic Services, Nanyang Technological University, Student Services Centre, Level 2, 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)

Office of Academic Services
Student Services Centre, Level 2, 42 Nanyang Avenue, Singapore 639815
Tel: (+65) 6790 4704, Fax: (+65) 6793 1140
Website: www.ntu.edu.sg