



## GRADUATE SCHOOL

### GUIDELINES - MEDICAL CERTIFICATE

#### **FOR STUDENT**

A student who is absent from an examination due to illness may submit an application for make up examination within **five** working days from the date of the missed examination for consideration by the Graduate School and the relevant Department/Programme Office. The application should include both a sick leave certificate and the Form of Medical Certificate on the back hereof completed by a qualified medical practitioner.

Please complete Part I of the Form of Medical Certificate before sending it to your attending doctor. Please make sure the form is properly signed and stamped by the doctor. The provision of the sick leave certificate and this Form does not mean that the application for make-up examination is successful. Approval is subject to further consideration by the University.

#### **FOR ATTENDING DOCTOR**

It is the University policy to request students who are unable to sit for the examination(s) due to illness to supply proof of medical condition by a qualified medical practitioner when applying for make-up examination. To assist the University to better understand the student's physical condition, please complete Part II of the Form on the back hereof and attach additional information, if deemed necessary.

Please return the completed form to the student and retain a copy for the patient's file. In case of need, the University may contact you for further information.



**GRADUATE SCHOOL**

**APPLICATION FOR MAKE-UP EXAMINATION  
FORM OF MEDICAL CERTIFICATE**

**PART I TO BE COMPLETED BY STUDENT**

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ to provide my health condition and assessment to the Hong Kong Baptist University for supporting my absence at the examination(s) as detailed below:

Course Code	Course Title	Examination Date and Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the information provided on this form will be held in confidence and will be used by the University for consideration of my application for make-up examination(s). I shall bear the cost, if any, incurred in the provision of this medical certificate.

Student Name: \_\_\_\_\_ Student No. \_\_\_\_\_ Contact Tel. 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 \_\_\_\_\_ at \_\_\_\_\_.  
(dd/mm/yy) (time)

2. The student was diagnosed the following illness:

\_\_\_\_\_

\_\_\_\_\_

3. The health condition of the student is considered

Medically unfit (Please complete question 4)

Medically fit

} for attending examination on the above date(s).

4. The student is considered medical 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.)

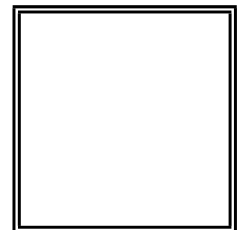
Name of attending doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Signature of Attending Doctor: \_\_\_\_\_

Date: \_\_\_\_\_



Official Stamp



## GRADUATE SCHOOL

### Personal Data (Privacy) Ordinance

#### Personal Information Collection Statement

Persons who supply personal data in their applications to the Graduate School for various purposes are requested to note the following:

1. Personal data provided in the applications are to facilitate the process of their applications and will not be used for other purposes.
2. Personal data provided will only be used by University staff.
3. After the applications have been processed, application forms will be destroyed 3 months after the process is over.

Under the provision of the Personal Data (Privacy) Ordinance, request for personal data access or correction may be made and addressed to:

Graduate School  
AAB 904, Level 9, Academic and Administration Building,  
Baptist University Road Campus,  
Hong Kong Baptist University  
Kowloon Tong  
Kowloon