



**ENDORSEMENT OF
EXAMINATION MEDICAL LEAVE**

TO BE COMPLETED, SIGNED AND STAMPED BY A REGISTERED MEDICAL PRACTITIONER

I, _____ (name of medical practitioner) registered
medical practitioner of _____ (name of
hospital/ clinic / medical centre) certify that I have examined
_____ (name of student) and am of the opinion that he or
she is/was medically disabled by the following conditions (please provide a diagnostic statement on the nature
of the illness):

which I know/diagnose commenced on ____/____/____

and which lasted/is expected to last until ____/____/____

As a consequence he/she:

was / is unfit to sit examinations from ____/____/____ until ____/____/____

Signed: _____ (please affix official stamp, if available)

Date: ____/____/____

* This form must accompany all medical certificate submissions to the **Student Services Centre/ Student Coordinator** and be submitted within four working days from the examination date. Late submissions will not be entertained.