

# UNIVERSITY OF BIRMINGHAM

## Medical Certificate

University regulations state that a student may not absent himself or herself without the prior permission of his or her Head of School/Department or their nominee. In the case of illness, University guidelines on the production of medical certificates must be followed by completion of this certificate. Minor illnesses other than at examination times are NOT grounds for claiming extenuating circumstances. **PLEASE ASK YOUR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL TO USE THIS CERTIFICATE, AS MED3 AND PRIVATE NOTES WILL NOT BE ACCEPTED.**

### To be completed by student:

Surname \_\_\_\_\_ First Name(s) \_\_\_\_\_

Year of Study \_\_\_\_\_ Student ID No. \_\_\_\_\_

Name of Tutor \_\_\_\_\_ Welfare Tutor -----

First day of absence \_\_\_\_\_ Final day of absence \_\_\_\_\_

Total number of working days' absence this Academic Year -----

### List and date all activities which have been affected by your medical problems:

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If the period of illness described on this note affected an examination or significant piece of assessment (i.e. contributing to your progress to the next year or to your degree classification), please list the examinations or assessments which you believe were affected and give all relevant dates:

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to your Head of School/ Department or their nominee

**Action taken by the School/Department in response to this form (e.g. given extra week to complete work, excused essay etc)**

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Signature of School's Officer \_\_\_\_\_ Date: \_\_\_\_\_

I consent to my Medical/Nursing/Counsellor or other Health Practitioner providing the information below and any accompanying letter. I wish/do not wish to see the letter before it is sent to the University. It is MY responsibility to pay any fees for the letter AND to ensure there is no undue delay on my part in this being sent to the University

To be sent to: Name: Department: Building

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### CATEGORY 1

Medical Certificates are only accepted for **Significant Illness**

**To be completed by Health Professional:** I confirm that the above named student is or has suffered from a **significant illness** {e.g. hospital admission, operations, glandular fever, severe pyelonephritis, infectious disease, illness lasting more than 7 days}

From and this will impact on their studies until

Diagnosis: Is this a retrospective certificate\*? Yes No [CATEGORY 1R]

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### CATEGORY 2

In the case of on-going illness e.g. depression, arthritis, unstable diabetes or asthma, please provide a letter, if appropriate, for the student's tutor explaining the extent of their illness and the likely impact on their studies.

**On-going Illness Diagnosis:**

**Impact on studies**

[If you are certifying an exacerbation of this illness, please indicate when additional impact on studies started ..... and indicate how long it is likely to last..... ]

I will/will not need to review this student to advise whether the on-going illness has resolved or is continuing. Students should refer themselves to Student Support Services [SSS] at 3 Elms Rd [Tel 0121 414 5130]. If appropriate, SSS will draw up a Student Support Advice Form which must be discussed with the School.

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### CATEGORY 3

**ONLY TO BE COMPLETED FOR EXAMINATIONS OR ASSESSMENTS COUNTING TOWARDS DEGREE OR PROGRESSION**

Not valid at any other time

**Sudden disruptive illness – started on ..... and will continue until.....**

**Diagnosis .....**

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**Signature**

**Date**

**Stamp**

**Name of Practitioner**

**Please circle your position: GP Hospital Consultant**

**Hospital Doctor Nurse Counsellor**

\*If this is a RETROSPECTIVE CERTIFICATE, this is likely to carry far less weight than contemporaneous certificates.

### Notes

Students should fill in their personal and course details BEFORE seeing the Practitioner. This certificate should be given to your Head of School/Department or their nominee as soon as practical.

***Any charges levied by your doctor for this Certificate have to be paid by you***