



THE UNIVERSITY OF THE WEST INDIES GLOBAL CAMPUS

GUIDELINES FOR THE SUBMISSION OF MEDICAL CERTIFICATES/REPORTS

In cases of illness the student should present to the Campus Registrar a medical certificate/report, as proof of illness, signed by the Medical Practitioner. The name of the Medical Practitioner with all contact information must be clearly printed and affixed to the certificate. The **medical diagnosis** and the **requested period of medical coverage** must also be clearly stated on the form.

Medical certificates which state “Mrs./Miss/Mr. X was unfit for work/school on “x” days or that provide an illness code are NOT valid and will not be accepted. Please bring this to the attention of your doctor.

The student must submit the attached Medical Certificate Form indicating the examination(s) missed to the Campus Registrar within seven (7) days from the date of the examination. The form must be fully completed by both the student and the medical practitioner.

PROCEDURE

The staff of the Global Campus must send the documents, under confidential cover, to the Office of the Clinical Director, University Health Centre, Mona, within two (2) days of receipt of the request.

Please make sure the reason for any medical waiver is made clear. Requests for a Leave of Absence on medical grounds must be submitted separately.



THE UNIVERSITY OF THE WEST INDIES GLOBAL
CAMPUS MEDICAL CERTIFICATE/REPORT
(Coursework & Final Examinations)

To be completed by Medical Officer and submitted in accordance with University Regulation (21)(ii) which states *inter alia* that in cases of illness the candidate shall present to the Campus Registrar a medical certificate as proof of illness, signed by the University Health Officer or by any other medical practitioner. The candidate shall send the medical certificate within seven (7) days from the date of that part of the examination in which the performance of the candidate is affected.

PART A – TO BE COMPLETED BY STUDENT:

Surname _____

First Name _____

Student ID# _____

Site _____

Academic Year _____

Level _____

Semester I ☐

Semester II ☐

Summer/Resit ☐

General/Other ☐

Mid-Term ☐

Coursework ☐

Final Exam ☐

DATE	TIME	COURSE CODE	COURSE TITLE

I, _____, hereby authorise Dr./Mr./Ms. _____ to provide the following information to the **Student Medical Officer, The University of the West Indies, Global Campus** and, if required, to supply additional information to support my request for academic consideration for medical reasons. My personal information will be used for administrative and academic record-keeping, academic integrity purposes and the provision of services to students.

Signature

Date (dd/mm/yy)

MEDICAL CERTIFICATES MUST BE SUBMITTED WITHIN SEVEN (7) DAYS FROM THE DATE OF EXAMINATION.

PART B – TO BE COMPLETED BY PHYSICIAN:

1. I hereby certify that I provided Health Care Services to _____
on _____

Print Student's name

insert date(s) student seen in your office
2. The student could not reasonably be expected to complete academic responsibilities for the following reasons:

3. This is an ☐ Acute ☐ Chronic problem for this student.
4. Unable to complete academic responsibilities for:

☐ 24 Hours

☐ 3 days

☐ 5 days

☐ 2 days

☐ 4 days

☐ Other (please indicate below:)

DATES: From _____ To _____

5. If the student is permitted to continue his/her course of study, is the medical problem likely to recur and affect his/her studies again? **Yes** ☐ **No** ☐

Reason: _____

6. If the student is permitted to continue his/her course of study, are there any accommodations, restrictions or special conditions that need to be followed? **Yes** ☐ **No** ☐

If yes, provide details:

PHYSICIAN VERIFICATION

Name: (please print) _____ Registration No. _____

Signature: _____ Telephone No: _____

Affix stamp here: