

UNIVERSITY OF TECHNOLOGY, JAMAICA

Absence from Examination Form

MEDICAL CENTRE

Section B

(To be completed by a Doctor assigned to UTech Medical Centre only)

To: Student Relations Office, Student Services Building

Re:
(Name of Student) (ID#)

This is to certify that I DR.

- Have examined the above named student
- Concur with the recommendation of the student's physician
- Do not concur and recommend

He/she is unfit to attend examinations and should be granted sick leave for _____ day(s)

From _____ to _____ inclusive.

Name of Doctor _____

Signature of Doctor _____

Date: _____

Please affix UTech Medical Centre stamp.

Section A

To be completed by the student and submitted to:
Health Services Administrator, UTech Medical Centre.

NOTE: Incomplete forms will not be processed.

Personal Information

Name: _____
(Surname)

(Christian)

(Middle)

ID #: _____
UTech Email: _____

Contact #: _____

Academic Year: _____

College/Faculty: _____

School: _____

Programme: _____

Year: _____

Status: FT [] / PT [] Semester: 1[] 2[] 3[]

Undergraduate [] / Postgraduate []

Module Code	Module Title	Lecturer	Date(s) of Examination(s)	Time(s) of Exam(s)

Signature of Candidate: _____

Date: _____

Please affix UTech Medical Centre stamp.