**THE UNIVERSITY OF MANCHESTER**

**CERTIFICATION OF STUDENT ILL HEALTH**

**This form may be used:**

1. **For Self Certification by the student (complete Part I only)**
2. **To record advice by a tutor or other appropriate member of staff (complete Part I & II)**
3. **For Formal Certification by a Medical Practitioner (complete Parts I and III)**

**NB: It is not part of your GP's duties to provide routinely certification for short term illness. If asked to do so, the GP may charge a fee.**

**Part I: To be completed by the student**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Registration No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Medical Condition including times and dates:**

**Way in which work is affected:**

**I declare that the above statement is an accurate, complete and honest representation of the facts.**

**Signed by student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Part II:To be completed by a member of staff

**(To record advice given and/or that the student appeared to be unfit to attend and/or to perform to his/her potential)**

**Signed by member of staff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Part III:To be completed by Medical Practitioner

**Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above named student is registered with my practice/is or was under my professional care (delete as appropriate) He/she consulted me in relation to the medical condition described on (dates/times, etc):**

**Further Comments:**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**