THE UNIVERSITY OF HONG KONG
Form of Medical Certificate

A candidate who is unable because of illness to be present for any paper in the examination or who believes that his/her state of health either immediately before or during the examination has significantly affected his/her performance should arrange to submit a Form of Medical Certificate, i.e. the Form on the back hereof. He/She should consult a doctor immediately, and also complete Part I of the form and then give or send this form to his/her doctor with a request that Part II of the form be completed by the doctor within 2 days of the date of the examination concerned. The completed form, together with the sick leave certificate issued by the attending doctor, should be sent by the doctor direct to the Director, University Health Service and must reach him/her not later than 14 days after the examination. Forms of medical certificate are available from the Examinations Office and all Faculty Offices and downloadable from the website of the Examinations Office http://www.exam.hku.hk. The address of the University Health Service is: 2/F, Meng Wah Complex, The University of Hong Kong, Pokfulam Road, Hong Kong.

N.B. General Regulation G9, and the following Degree, Diploma and Certificate Regulations permit the granting of supplementary/special examinations, as indicated, to candidates who are unable to be present at examinations on medical grounds:

<table>
<thead>
<tr>
<th>Degree/Diploma/Certificate</th>
<th>Examination Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA(ArchStud)/BA(Conservation)/BA(LS)/BA(UrbanStud)/BASc(Design+)/BSc(Surv)/MArch/MArch(Design)/MHousMan/MLA/MSc(Conservation)/MSc(IPD)/MSc(UrbanPlanning)/MUrbanDesign/PDip(Conservation)/PDLA</td>
<td>Any written examination</td>
</tr>
<tr>
<td>BA/MA/MBC/MBuddhStud</td>
<td>Any written examination</td>
</tr>
<tr>
<td>CertChinLang</td>
<td>Any written paper or oral test in either the First or the Certificate Examinations</td>
</tr>
<tr>
<td>BBA/BBA(Acc&amp;Fin)/BBA(BGM)/BBA(Ed)/BBA(Law)/BBA(Law)&amp;LLB/BEcon/BEcon&amp;Fin/BFin(AFM)/BSc(QFin)</td>
<td>Any written examination</td>
</tr>
<tr>
<td>EMBA/IMBA/MAcct/MA/MEcon/MFin/MSc(BA)/MSc(Mktg)</td>
<td>Any paper of the written examination</td>
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<tr>
<td>BDS</td>
<td>Any part of an assessment</td>
</tr>
<tr>
<td>B&amp;Ed(LangEd)/BASc(SDS)/BE&amp;BSc/BE&amp;BSocSc/BE(ECE&amp;SE)/BSc(ACD)/BSc(IM)</td>
<td>Any written examination</td>
</tr>
<tr>
<td>BSc(Sp&amp;HearSc)</td>
<td>Any part of an assessment</td>
</tr>
<tr>
<td>BASc(FinTech)/BEng/BEng(BME)/BEng(EngSc)</td>
<td>Any written examination</td>
</tr>
<tr>
<td>LLM/LLM(AR&amp;D)/LLM(CFL)/LLM(CR)/LLM(Chinese Law)/LLM(HR)/LLM(IT&amp;IPL)/LLM(MEL)/LLM(T&amp;IPL)</td>
<td>Any paper of written examination</td>
</tr>
<tr>
<td>JD/MCL/PCLL/SLID</td>
<td>Any written examination</td>
</tr>
<tr>
<td>BASc(ActuarSc)</td>
<td>Any written examination</td>
</tr>
<tr>
<td>MDASC/MSc(EnvMan)/MSc(in the Field of Applied Geosciences)/MSc(in the Field of Food Industry: Management and Marketing)/MSc(in the Field of Food Safety and Toxicology)/MStat</td>
<td>Any written examination</td>
</tr>
</tbody>
</table>

In addition, candidates who are unable because of illness to be present for any paper or papers
a. of any subject or subjects for the examinations for the degrees of MBBS, or
b. in the examinations for the LLB degree, or
c. in the examinations for the Postgraduate Diploma in Infectious Diseases,

may be permitted to present themselves for examination at the next subsequent examination.

October 2019
The candidate consulted me on (date(s)) ..............................................................

He/She was found to be suffering from .................................................................................................................................

stating  .......................................................................................................................................................................................................................

His/Her general condition on the date(s) of consultation was good/fairly good/slightly indisposed/poor*

........................................................................................................................................................................................................................................

Remarks .........................................................................................................................................................................................................................

(Please provide an appropriate sick leave certificate for the above candidate.)

The candidate is considered medically fit/unfit* for examination on the above date(s).

Date ................................................                                                                  Signature of Attending Doctor..............................................................

Name and Address of Attending Doctor……………………………………… ……………………………………………………………………

(a) I recommend/do not recommend* that advice be sought from a Medical Board.
(b) If the candidate has attended the examination, his/her performance is likely to have been much/moderately/slightly impaired/unimpaired*.
(c) The candidate in my opinion was medically fit/unfit* for the examination on the above date(s).

Remarks .........................................................................................................................................................................................................................

Date ................................................                                                                  Signature of Attending Doctor..............................................................

PART II (To be completed by the attending doctor and forwarded to the Director of University Health Service. The information given will be treated as CONFIDENTIAL. Any fee involved is the responsibility of the candidate. Please give detailed information and comments on the health condition/problem of the candidate below.)

The above candidate consulted me on (date(s)) ..............................................................

stating  .......................................................................................................................................................................................................................

He/She was found to be suffering from .................................................................................................................................

His/Her general condition on the date(s) of consultation was good/fairly good/slightly indisposed/poor*

The candidate is considered medically fit/unfit* for examination on the above date(s).

(Provide an appropriate sick leave certificate for the above candidate.)

Remarks .........................................................................................................................................................................................................................

Date ................................................                                                                  Signature of Candidate.................................................................

Name and Address of Attending Doctor……………………………………… ……………………………………………………………………

The candidate shall ensure that a sick leave certificate issued by the attending doctor will be provided.

PART III (To be completed by the Director, University Health Service)

(a) I recommend/do not recommend* that advice be sought from a Medical Board.

(b) If the candidate has attended the examination, his/her performance is likely to have been much/moderately/slightly impaired/unimpaired*.

(c) The candidate in my opinion was medically fit/unfit* for the examination on the above date(s).

Remarks .........................................................................................................................................................................................................................

Date ................................................                                                                  Signature of Director...........................................................................

* Please delete as appropriate

October 2019