

**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 complete Part I 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 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:

BA/MA/MBuddhStud	Any written examination
BA(ArchStud)/BA(Conservation)/BA(Landscape Studies)/ BA(UrbanStud)/BSc(Surv)/ BHousMan/MArch/ MSc(ConstProjectMan)/ MSc(RealEst)/MLA/ MUrbanDesign/ MSc(Conservation)/PDip(Conservation)/MSc(IDM)/MHousMan/ MSc(Urban Planning)	Any written examination
BBiomedSc/BChinMed/BNurs/BPharm/BPharm(ChinMed)	Any written examination
BDS	Any part of an assessment
BA&BE(LangEd)/BE&BSc/BE&BSocSc/ BE(LangEd)/BE/BSc(IM)/BSc(Exercise & Health)	Any written examination
BSc(Sp&HearSc)	Any part of an assessment
BEng/BEng(EngSc)	Any written examination
BCJ/BJ/BSocSc/BSocSc(Govt&Laws)/ BSocSc(Govt&Laws)&LLB/ BSW/MIPA/MJ/MPA/MSocSc/ MSW/PDipJ/PsyD/ MACHDS/MA(TranspPol&Plan)/DPA/MExpArtsTh	Any written examination
BBA/BBA(Acc&Fin)/BBA(Law)/BBA(IGM)/ BBA(IS)/BEcon/BEcon&Fin/BSc(QFin)	Any written examination
BAcc/BMS	Any paper of the written examination
BSc/BSc(ActuarSc)	Any written examination
CertChinLang	Any written paper or oral test in either the First or the Certificate Examinations
LLM(ARB&DR)/LLM/LLM(CFL)/LLM(HR)/ LLM(Chinese Law)/ LLM(IT&IPL)	Any paper of written examination
MCL/PCLL/SJD/JD	Any written examination
MMedSc/MChinMed(Acup&Mox)/MChinMed/MClinPharm/ DNurs/MPsyMed/PDipPsyMed/PCPsyMed/MScChinMeds/ MNurs/MPH/MRes(Med)/PDipPH/PDipID/PDipCAH/PCPH/ PDipIntMed&Therapeutics/PDipMDPath/PCMDPath	Any written examination
MSc(EnvMan)/MSc(in the Field of Food Safety & Toxicology)/ MSc(in the Field of Applied Geo-sciences)/ MSc(in the Field of Food Industry: Management and Marketing)/MStat/PDES	Any written examination
MBA/MEcon/IMBA/MFin	Any paper of the written examination

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 Certificate in Psychology, or
- d. in the examinations for the Postgraduate Diploma in Community Geriatrics, or
- e. in the examinations for the Postgraduate Diploma in Community Psychological Medicine, or
- f. in the examinations for the Postgraduate Diploma in Infectious Diseases.

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

# FORM OF MEDICAL CERTIFICATE

**PART I (To be completed by or on behalf of the candidate.)**

Name of candidate ..... Univ. No. .... Curriculum ..... Year.....

Address.....

Examination(s) from which the candidate was absent or at which performance was affected by ill health

Course Code	Paper	Date examination held	Present or absent at examination (state "present", "absent" or "partially")
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

The candidate should state in the box below what he/she requests in view of his/her absence from the examination(s) or performance being affected by ill health in the examination(s) concerned. He/She should also provide any additional information relevant to his/her request hereunder (please use additional sheets of paper if there is insufficient space).

Date .....

Signature of Candidate.....

**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).

(Please provide an appropriate sick leave certificate if the candidate is considered unfit for examination on the above date(s).)

Remarks .....

.....

Date .....

Signature of Attending Doctor.....

Name and Address of Attending Doctor.....

**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