



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Self Certification for Illness form

Student Absence due to illness: Self-Certification Form

Discuss any concerns about the effect or your absence on your studies with the Medical School, your Personal Tutor or Student Support lead as a matter of urgency.

This form must be completed and sent to the Medical School Office.

Completing the forms:

To notify absence of up to and including five term-time days (excluding Saturday and Sunday) due to illness, students should complete the student self-certification form **ONLY**.

To notify absence of more than five term-time days (excluding Saturdays and Sundays) or absence from any summative examination due to illness, students should complete the student self-certification form and present it and the Medical Certificate form to a doctor, who should complete the latter.

Note: A student who presents themselves for an examination is declaring themselves fit to take that examination. The result of an assessment stands if a student becomes unwell during any part of an examination unless it can be shown that the student could not reasonably have foreseen that acute illness.

Please refer to “Student Attendance and Leave Policy” and associated documents when completing these forms.

Student name		Student No.	
Year of Study		Date	
Personal tutor			

Period of absence (both dates inclusive)

From _____ until _____

Please explain fully the nature of the illness and the effect on your attendance (if you require extra space, please attach continuation sheet). Please list all areas of work affected. If you do not wish to disclose the nature of the illness on the form please submit such information in a sealed envelope, attach it to this form and tick this box.

Teaching missed / Coursework affected /
Examination missed (please select which)

Type of teaching or assessment
(e.g. lecture, group work, tutorial,
examination, placement)

This information will be held by the Medical School in order to keep a record of student absences. The Medical School will monitor the frequency of self-certified absences and will inform students of their procedures to follow up multiple instances. All students must provide a doctor's medical certificate in multiple and sustained instances of self-certified illness. Confidentiality will be respected and any requests to keep information confidential will be complied with.

I agree to the University of Buckingham recording and processing this information about me. I understand that the information will only be used for the purpose(s) set out above and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Student Signature.....

Date.....

For notifying general absence: please deliver/send this form to the Medical School Office **within TWO working days of the end of the period of absence.**

For notifying absence during the examination period: **please inform the Medical School Office immediately and deliver the completed forms within TWO working days of the end of the period of absence.**

Student Absence due to illness: Medical Certificate Form

A medical certificate from your GP (Doctor) is required if:

- 1) The period of absence through illness extends beyond 5 working days;
- 2) You have been absent through illness for a total of more than 10 working days in the current academic year;
- 3) The period of illness, irrespective of the length, is to be considered as mitigation regarding performance in any formative or summative assessment or is a requirement for progression from one year or stage to the next;
- 4) Where you have been formally required to attend all teaching.

This form should be used **in addition** to the Student Self-Certification Form.

To the Doctor:

Thank you for assisting the Medical School by certifying this student's illness. The student should have stated the effect of this illness on the attached Student Self-Certification form. We would be grateful for any comments you are able to make on this statement. Please could you return the completed form to the student, your patient.

Student name	
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Doctor's name	
Surgery	

Nature of illness / clinical diagnosis:

Please comment on the likely impact of the illness on the student's attendance:

Please attach a separate letter if you think it is appropriate

Doctor's signature:

Practice stamp

Date:

To the Doctor: If you would prefer to certify this illness in the form of a letter to the University please do so (providing a copy to the student to present to the Medical School) and tick this box

To the Student: Please deliver/send this form together with the completed Student Self-Certification form to the Medical School Office or Student Support within **TWO working days of the end of the period of absence.**

Document Version Information

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