MDIS
Management Development Institute of Singapore

TO BE COMPLETED, SIGNED AND STAMPED BY A REGISTERI

ENDORSEMENT OF EXAMINATION MEDICAL LEAVE

I, _____ (name of medical practitioner) registered medical practitioner of _____ (name of hospital / clinic / medical centre) certify that I have examined _____ (name of student) and am of the opinion that he or she is/was medically disabled by the following condition (please provide a diagnostic statement on the nature of the illness):

which I know/diagnose commenced on _____/_____/_____

and which lasted/is expected to last until _____/_____/_____

As a consequence he/she:

was / is unfit to sit examinations from _____/_____/_____ until _____/_____/_____

Signed:_____(please affix official stamp, if available)

Date: _____/_____/_____

* This form must accompany all medical certificate submissions to the **Student Care and Administration** and be submitted within four working days from the examination date. Late submissions will not be considered.