UNIVERSITY OF COLOMBO SCHOOL OF COMPUTING

FORM TO SUBMIT MEDICAL CERTIFICATES

This form along with the medical certificate should be submitted to the University of Colombo Health Centre **within seven working days** from the date of absence for such examination.

The medical certificate can be obtained from the Chief Medical Officer (CMO)/ University Medical Officer (UMO) / Government Medical Institution / District Medical Officer / Private Medical Practitioner registered with Sri Lanka Medical Council (SLMC).

| **Computer Science** | | **Information Systems** | | **Exam Year:** 20……………. |

Please indicate the exam by marking "X" in the appropriate place/s

| **Exam Year:** | 1st Year | | 2nd Year | | 3rd Year | | 4th Year | |
| **Semester** | 1st | | 2nd | | | | | |

1. Name with initials (Mr./Ms.): ……………………………………………………………………………………………

2. (i) Registration No: ……………………………………… (ii). Index No: …………………………………….

3. Telephone No: i. ……………………………………… ii. ………………………………………………….

4. Period covered by the Medical Certificate: ………………………………………………………………………..

   (i). No. of Days: ………… (ii) Period of Leave recommended: From:……………….. To:…………………

5. Details of the Examination/s covered by Medical Certificate:

Subject Code	**Subject Name**	**Date of Exam**
1. ………………………	………………………………………………………………	………………………………
2. ………………………	………………………………………………………………	………………………………
3. ………………………	………………………………………………………………	………………………………
4. ………………………	………………………………………………………………	………………………………
5. ………………………	………………………………………………………………	………………………………
6. ………………………	………………………………………………………………	………………………………

| Signature of Candidate: | | Date: | |

Filled by the CMO / UMO

Medical certificate: | Recommended | | Not Recommended | |

Observation of the CMO/UMO: ………………………………………………………………………………………………..

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Signature of the CMO / UMO: ……………………………………………………

Date: ……………………………………….. (Official Seal)