



Our Lady of Pillar Convent School

Gangana Road, Pal Village, Jodhpur (Raj.) 342 001 Phone : 0291-2766098, 9214220098

Student's Medical Certificate

(To be applied for period of absence due to medical reason)

Students are advised to complete all information (with the help of parents or guardians) in this section and present this format to Medical Officer for completion and endorsement. Please read important information section included with this form.

1. Name of Student :
2. Class : Section : Roll No. : Registration No. :
3. Date of Birth :
4. Mother's Name :
5. Father's Name:
6. Identification Mark :
7. Signature or Thumb Impression of Patient :

I hereby authorize the undersigned Medical Officer to release any information acquired in the course of my child's examination or treatment for the purpose of the Medical /Sick Leave.

Date :

Signature of Parent or Guardian

(To be completed by attending Medical Officer)

I, _____ a registered medical officer certify that on _____ (Date of Consultation) carefully examined Master/Miss _____ (Patient's name) whose Signature / Thumb Impression is given above.

The patient is suffering from _____
(Specific statement for medical condition to be provided with patient's consent where possible) or a Medical Condition of a confidential nature () and I certify that this person would be affected in the following ways by the medical condition (Please put ✓ OR ✕).

The student is medically unfit

- | | |
|---|-----|
| (a) to sit for the assessments and examinations | () |
| (b) to attend class room lectures and laboratory activities | () |
| (c) to participate in sports and physical activities | () |
| (d) to complete home assignments and projects | () |

I consider that a period of absence from duty of school activities with effect from _____ to _____ is absolutely necessary for the restoration of his/her health.

Date :

Office address of Practice or Stamp

(Signature of Medical Officer)

Registration number:

Important Information



1. Students are advised to present this format to Medical Officer for completion and endorsement. (Only the original completed by the Medical Officer is acceptable).
2. Please note that the Medical Certificate must contain your Medical Officer's Registration Number and Office Address of Practice or Stamp, where indicated.
3. A Medical Leave provides time for the student to receive treatment or to recover from a disabling injury or other medical condition and is approved by a Medical Officer.
4. **For Medical Leave, a Leave Application together with medical Certificate is required.**
5. To be granted leave on medical grounds, a student must submit a Medical Certificate.
6. Students who are medically certified as unfit to sit for an examination are advised not to sit.
7. Illness, injury before or during an examination/ assessment (FA or SA) must be verified by a Medical Officer not later than the date of the examination/assessment.
8. The certificate should be submitted not later than one calendar day after the first due date of Medical Leave.
9. It is intended that this medical certificate be used by all students within the school in the following circumstances:
 - Where an appeal on medical grounds is lodged as unfit to sit for an examination/assessment (FA or SA) and other school activities.
 - Where an assignment extension is being sought on medical grounds.
 - In all other circumstances relating to this school where documentary evidence is required of a medical condition.
10. A student suffering from Chicken pox, Cholera, Measles, Mumps, Whooping cough, Jaundice, Conjunctivitis and Tuberculosis must observe the prescribed period of quarantine before returning to class.
11. The application may be xeroxed or downloaded from the school website in A4 size paper.

This certificate is only relevant for use in Our Lady of Pillar Convent School, Jodhpur for the above related matters. The certificate should be submitted to the concerned class teacher.

