



FACULTY OF ALLIED HEALTH SCIENCES

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Date:.....

For Office use Only

Chief Medical Officer
Health Center
University of Peradeniya

Dear Madam

Medical Certificate

I am sending herewith the following Medical certificate/s for your observation please.

Name of Student	Reg. No	Absent for	Duration	Details of Medical Certificate

Thank You
Yours sincerely

Assistant Registrar
Faculty of Allied Health Sciences

Observation of the Chief Medical Officer :.....

Comments of the AR if any :.....

Comments of the Head of the Department :.....

STUDENT REQUEST FORM FOR SUBMISSION OF MEDICAL CERTIFICATE

Faculty of Allied Health Sciences, University of Peradeniya

- 1) Student's Name:
- 2) Student's Registration No: Batch:
- 3) Mailing Address:
- 4) Contact Number:
- 5) Department: Course of Study:
- 6) Year entered: Current year/semester:
- 7) Details of Medical Certificate

i) Absent for :

Clinical ☐ Practical ☐ Lectures ☐ Tutorial ☐

- a) C. Code C. Name: Date:
- b) C. Code C. Name: Date:
- c) C. Code C. Name: Date:
- d) C. Code C. Name: Date:
- e) C. Code C. Name: Date:

ii) In case of Examination : End Semester ☐

Mid Semester ☐

Practical ☐ Clinical ☐ Written ☐ OSPE ☐ Viva ☐ Repeat ☐

- a) C. Code C. Name: Date:
- b) C. Code C. Name: Date:
- c) C. Code C. Name: Date:
- d) C. Code C. Name: Date:
- e) C. Code C. Name: Date:

iii) Duration of absent:

iv) Nature of the medical certificate

Govt. Mc. ☐ Private ☐ Ayurvedic ☐ Health Center/UOP ☐

v) Period of medical certificate issued

vi) Date of medical certificate issued

vii) Address of the medical certificate issued:

I declare that the information provided in the form and the annexed documents is true & correct. I am aware that my request will not be granted if the information in the form is found false and incorrect.

Date:

Signature of student

Note: Please submit your medical certificate within 7 days to Deans' Office. Late submission of Medical Certificate will not be accepted.