



# FACULTY OF ALLIED HEALTH SCIENCES

University of Peradeniya  
Augusta Hill, Peradeniya

Tel: +94-081-2065775 Fax: +94-081-2387394 Email: dean@ahs.pdn.ac.lk / ar@ahs.pdn.ac.lk

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 : .....

# 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 Student: .....
- 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 document 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.*