



The Maldives National University

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Student Medical Report Form

Islamic calligraphy: Bismillah

Maldivian text: 3315411, 3345155

MR - 01

Your Personal Details (to be filled in by the student)

Maldivian text: ރާއްޖޭގެ ސަރުކާރުގެ ގެޒެޓް

Form fields for personal details: Full Name and Address, Student Number, Present Contact Address, Contact Phone Numbers, National ID Card No.

Medical Report (to be filled in by the medical practitioner)

Maldivian text: ޕްރޮފެޝަނަލް ސިގްނަޗަރު

Form field for Date(s) of relevant medical examination(s)

Form field for Nature of illness or incapacity

Medical Opinion

Maldivian text: ސަރުކާރުގެ ގެޒެޓް

Form section for Medical Opinion with checkboxes and date fields: In my opinion the conditions will result in, Tick as appropriate, Preparation for examination impaired from, The student is/was unfit to take examinations on (Date), The student is fit to take examinations on (Date)

I declare that the information I have provided above is true to the best of my knowledge.

Form fields for medical practitioner details: Full Name, Address, Contact Phone Numbers

Form fields for signature and date: Stamp, Doctor's Signature, Date

**Examinations for Deferment/Special Consideration** (to be filled in by student)

قسم الامتحانات  
امتحان اوقات الامتحان

Course Name  لازمی سوئالات  
 Faculty/Centre  قسم / مرکز Course Code  لازمی سوئالات

قسم الامتحانات  
امتحان اوقات الامتحان

**Examination(s) for deferment on the basis of the Medical Report**

قسم الامتحانات  
Office use only

Subject code کد الامتحان	Subject title عنوان الامتحان	Paper no. رقم ورقة	Scheduled date التاريخ المخطط	Scheduled time الوقت المخطط	Deferment approved الموافق على الترخيل

Subject/Course coordinator's signature

قسم الامتحانات  
امتحان اوقات الامتحان

**Student's Declaration**

قسم الامتحانات  
امتحان اوقات الامتحان

I declare that all the information given in this form is accurate and true to the best of my knowledge.

Date

Signature

**ACTION COMPLETED – OFFICE USE ONLY**

Received by:  Date:  Request approved by:

**Note: A copy of this form should be retained by the staff responsible for coordinating the subject/course.**

**Student Medical Report**

*(Excerpted from Examination Rules)*

- 9.3
- (a) Any candidate who is prevented for medical reasons from attending an examination or any part of an examination or performing without impairment should submit to the Dean, no later than two days following the day of his/her examination (unless there are specific circumstances which warrant an extension of this period) a medical report showing his/her inability to take or complete the examination at the prescribed time.
  - (b) The medical report must cover the relevant period or the consultation must have taken place within a 24 hour period either side of the examination.
  - (c) The medical report must be on the form attached to these rules as Appendix 1. The general medical certificates issued by hospitals, clinics or such other institutions are *not* acceptable.