



CERTIFICATION OF STUDENT ILL HEALTH

*For students **NOT** at University of Manchester / UMIST.*

- 1. Sick notes are not needed for people in full-time education.** This is because they are part of Social Security procedure for paid employment. Absence from college or university is a matter between the student and their tutor, and no statutory confirmation of sickness is required. In the vast majority of situations, the approach is taken that students are adults, and should be believed as such, especially as it their own education under consideration.
- 2. If ill, students should inform their tutors,** and, if necessary, give some indication of when they expect to be able to return to their studies. Some Universities recommend that students try to see their tutor in person, and that the tutor records their advice at the time. For most periods of illness, this is usually sufficient.

PART 1 To be completed by the student

NAME : DATE OF BIRTH:

STUDENT NO. COURSE:

Details of medical condition, including times & dates:

Way in which work is affected:

I declare that the above statement is an accurate, complete and honest representation of the facts.

SIGNED BY STUDENT:

DATE:

PART 2 To be completed by member of academic staff

(To record advice given and/or that the student appeared to be unfit to attend and/or perform to his/her potential.)

SIGNED BY MEMBER OF STAFF:

DATE:

3. There are exceptional circumstances when confirmation by the GP may be required by academic supervisors. In this instance, it is standard practice for the supervisor to indicate the advice given to the student, and the need for a sick note. The GP can then complete part 3 of this form. It is not part of the GP's routine duties routinely to provide certification for short term illness. This will therefore be a private sick note, for which there will be **a charge of £10**, payable by the student to the practice.

**£10 fee for GP
to complete**

PART 3 To be completed by medical practitioner

NAME OF DOCTOR:

The above name student is registered with this practice. They consulted me in relation to the medical condition described, on the following dates:

FURTHER COMMENTS:

SIGNED BY DOCTOR:

DATE:

PRACTICE STAMP: