



# Zikura International College Student Medical Report Form

## 1. Student Details

Full name & student ID:

Program/Batch :

Email & contact No :

## 2. Exam Details (Please fill in the table below to request re-exam)

Module Code	Module Name	Exam Scheduled Date & Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Student Declaration

I declare that the information provided in this form is true and complete to the best of my knowledge, and I authorize the release of my medical information for the purpose of this request.

Name:

Date:

Signature: \_\_\_\_\_

## 4. Medical Information (To be filled by a medical Professional)

Date of medical consultation:

Time of medical consultation:

Nature of illness/injury (tick the relevant box):  Chronic  Acute

Was hospitalization required (tick the relevant box):  Yes  No

Estimated duration of recovery:

Is the student able to sit for an exam?  Yes  No

Description of the condition:

## 5. Health Care Provider Declaration

I declare that I have evaluated the student and that the information provided is accurate to the best of my knowledge.

Name of the doctor:

Hospital/clinic name:

Date:

Signature: \_\_\_\_\_

Stamp of Hospital / Clinic: