



# Medical certificate

## 1) Name of the person examined:

Surname:

Name:

Date of birth:

Street:

Postal code:

## 2) Medical declaration:

From a medical point of view today's examination to declare the inability to take exams illustrates the following impairments (symptoms):

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The following disabilities can therefore occur in the exam:

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Duration of illness:  to:

Additional information for written term papers: Which duration of extension is advocated, referring to the degree of impairment?

From my medical viewpoint a considerable impairment can be diagnosed (variation of feelings on that day, exam nerves, exam stress and other similar conditions are not considered as impairments). The health disorder is not permanent, but temporary.

Date/Signature: \_\_\_\_\_ / \_\_\_\_\_ Stamp:

Only for the examination office: The inability to take an exam is determined/ not herewith.

Date..... head of the examination office .....