



**Attestation form regarding student's inability to attend an examination
- medical certificate -**

To be presented to
Student Administration and Examinations Office
Ulm University
89069 Ulm
for students of bachelor's or master's programmes
and teacher education programme

Please note, it applies to:

Medicine:

<https://moodle.uniulm.de/course/view.php?id=7883>

Dentistry:

<https://moodle.uni-ulm.de/course/view.php?id=12253>

Explanatory notes for the doctor:

If a student does not appear for an examination or breaks it off for health reasons, he/she must - in accordance with the relevant study and examination regulations - **immediately** declare his/her inability to take the examination due to illness by submitting this certificate. Medical certificates issued at a later date are usually not recognized.

For this purpose, the student needs a medical certificate that can answer the legal question of whether the student is able to take the examination or not. Severe symptoms affecting the psychic and/or physical capabilities such as bedridden, fever, pain, concentration problems due to medication, etc. could be regarded as cases of inability to attend an examination. Normal ups and downs in a student's day-to-day constitution, exam-induced mental pressure or similar situations cannot be accepted as reasons for an inability to attend examinations.

The judgement and attestation of symptoms lie within your responsibility as a medical expert. The resolution of the legal issue of whether the impairment of the student's health justifies his/her breaking off or withdrawal from the examination does -generally- not lie within a doctor's responsibility. This is ultimately decided by the examining authority on its own responsibility.

Name, Surname:

Student ID No.:

Degree:

Study programme:

Examination(s):

Statement of the doctor:

Upon today's medical examination of the aforementioned patient I have found the following symptoms regarding the patient's inability to attend examinations:

(Please give a brief description of the symptoms observed)

The aforementioned patient is/was unable to attend the aforementioned exam(s) on _____ (Date)

or from _____ until _____ (period of time)

due to the symptoms listed above and according to my medical expertise.

Date, signature and seal of doctor's office