



## ACA44a – Confidential Medical Report (in support of Deferred Exam Application)

**IMPORTANT**

- Please note that this form is only to be completed if you are requesting deferment on **medical grounds**. It is confidential and will be seen only by the Deferred Examination Committee.
- Please note that if it is a recurring medical condition, **all the relevant medical reports** must be submitted to provide evidence that you have been under professional medical care since the condition was first diagnosed.
- The consultation must take place **before** or **on** the day of the exam.
- This form should be submitted together with the [ACA44: Deferred Exam Application Form](#)
- Email this completed form and all supporting documents within 7 days of the scheduled exam date to: [deferred.exams@uct.ac.za](mailto:deferred.exams@uct.ac.za) with your **surname and student number** in the subject line
- Only applications emailed from your authenticated **MyUCT** email account will be accepted.
- Read the [General Rules and Policies - Handbook 3](#) in respect of the exams policies for Deferred Exams.

**NOTE: A DOCTOR'S CERTIFICATE IS NOT SUFFICIENT – THIS FORM MUST BE COMPLETED**

<b>Section A</b>																		
To be completed by the Student, then handed over to the Medical Practitioner or Health Professional																		
<b>Surname</b>		<b>First Name</b>																
<b>Student Number</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																<b>Date</b>	

<b>Section B</b>			
To be completed by the Medical Practitioner			
<b>Date of consultation</b> (The date the doctor saw the patient, not the date of when the illness started)			
<b>Detailed description/explanation of symptoms and/or history</b> (If this is not sufficient space please attach a separate report)			
<b>Clinical Diagnosis and management</b>			
This is to certify that I have examined the above patient and _____ according to my findings / _____ as I was informed the patient is unfit to write the exams (tick appropriate options)			
<b>From</b>		<b>To</b>	
<b>Doctor's Name</b> <i>Please print</i>		<b>Phone Number</b>	
<b>Address</b>			
<b>Doctor's Signature</b>		<b>Doctor's Stamp</b>	