



Sick Leave Confirmation

Student Details (To be completed by student in ENGLISH only):

First Name: _____ Father's Name: _____ Family Name: _____

Student ID: _____ Major/Stage: _____

Doctor's Diagnosis (To be completed by the Doctor in ENGLISH only):

Recommended number of days rest (if any): _____ day(s) _____

Doctor's Signature: _____ Clinic Name: _____

Date: _____ Clinic Stamp: _____