



Medical certificate / Supplementary sheet for submission with a request for a leave of absence from university study for medical reasons

As of: 10/2017

Please return to the University of Konstanz's Student-Service-Centre (SSZ)

1. Patient information

Last name, first name:		Date of birth:	
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2. Physician's assessment:

Today's medical examination regarding the patient's inability to continue his/her studies at this point in time has yielded the following medical results:

Symptoms / Type and extent of the impairment

Name of the illness (specify only if the patient has given consent for this information to be passed on or if you intend to describe general symptoms only, e.g. "fracture")

Actual or estimated period of absence (exactly date, not semester)

From/since:	until:
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Doctor's office's stamp and signature (mandatory)

Date and doctor's office's stamp:	
Attending physician's signature:	X
Name of the physician, please print:	