



**CENTRE FOR HIGHER SECONDARY EDUCATION**  
**MEDICAL CERTIFICATE SUBMISSION FORM FOR SCHOOL**

**Student Information**

FULL NAME:	INDEX:
CLASS:	CONTACT NO:

**Guardian Information**

FULL NAME:	ID no:
RELATION	CONTACT NO:

**MC DETAILS**

MC REFERENCE/SERIAL NUMBER:	MC START DATE:
HOSPITAL/CLINIC	MC END DATE

**TEST FOR WHICH MC IS PROVIDED**

#	TEST DATE	Subject/ PAPER/ Unit	CLASS	TEACHER	STUDENT SIGNATURE	PARENT SIGNATURE
1						
2						
3						
4						
5						

NOTE: PLEASE ATTACH A SEPARATE FORM FOR EACH MC AND SUBMIT 2 days after the test is taken. Don't forget to attach the MC!

Online Submissions must be sent to [admin@chse.edu.mv](mailto:admin@chse.edu.mv) with subject "MC form" & full name of student.