

Form for certifying the inability to take examinations

## For submission to the Examination Committee

## Notes for the doctor:

If a student is unable to attend an examination on health grounds, or aborts or withdraws from an examination after it has started, they are obliged, under § 36 para. 10 of the Saxon Higher Education Act (SächsHSG), to provide a medical certificate confirming their inability to take the examination.

The inability to take an examination due to illness is characterized by a temporary health impairment of the student that significantly reduces their capabilities during the examination (Fischer, Jeremias, Dieterich, Prüfungsrecht, 8th edition, para. 249).

Students do not qualify for inability to take an examination as defined by law in the following cases:

- Exam stress and exam anxiety
- Mild colds (without fever)
- Ongoing health conditions (with or without fluctuating symptoms, such as depression, ADHD, metabolic disorders, high or low blood pressure, disabilities)
- Impairments that are not relevant to the specific type of examination

A certificate of incapacity to work is <u>not</u> sufficient to certify inability to take an exam.

The responsible Examination Committee decides whether the inability to take the exam will result in a withdrawal of the exam.

Please note: The doctor's note can also be issued in letter form as long as it contains the information requested below.

Information about the person being examined:	
Last name, First name	Date of birth
Address	

## $\underline{ \text{Information on the examined assessment(s) / preliminary academic work}} \\ \text{(to be completed by the student, if necessary)}$

	<u></u>	
Name of the examined assessment /		
preliminary academic work / final thesis /		
colloquium:		
Examination type according to module		
description (oral, written, etc.):		
Module name (from the module description):		
Module number (from the exam plan):		
Examination semester / examination date:		
☐ Supplement for (number) additional exattached.	kamined assessment(s) / preliminary academic work	
Doctor's statement		
I examined the above-named patient today, on	, at the time of	
From a medical point of view, I confirm the patien preliminary academic work, in accordance with th temporary and not permanent.	•	
Expected duration of the illness (date):		
from to		
Additional declaration in case of inability to take an examination after the examination started:  It would have been possible to detect the health impairment <b>before or during</b> the examination		
(please tick as appropriate).	the examination	
□ Yes □ No		
Place, date, doctor's stamp Doctor's signature		