



(To be filled out by the student) Full name:

Name: .....

## **Doctor's note**

### **For submission to the Examination Committee**

#### Notes for the doctor:

If a student cannot sit for an examination for health reasons, drops out or withdraws from it after completion, they are obliged, in accordance with the applicable examination regulations to provide the responsible Examination Board with credible evidence of the health reasons. For this purpose, the person concerned requires - under release from medical confidentiality - a medical certificate which allows the Examination Board to answer the legal question as to whether an incapacity to take the examination applies on the basis of the information provided by the doctor\_as a medical expert. The answer to the legal question as to whether the proven health impairment results in an inability to take the examination and can thus justify discontinuation of the examination or withdrawal from the examination is, in principle, not the task of the doctor, but is to be decided by the Examination Committee. **The medical certificate merely attesting to the inability to take the examination is not sufficient for the assessment by the Examination Board. The description of the specific health complaints and impairments of the person to be examined that are relevant for the examination and the indication of what effects these have on their performance in the specific examination are necessary. The exact designation of the disease is not required.**

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

*Postadresse*  
TU Dresden – IHI Zittau  
Markt 23  
02763 Zittau

*Besucheradresse*  
TU Dresden - IHI Zittau  
Zimmer 3.02  
Markt 23  
02763 Zittau

*Sprechzeiten*  
Mo 9:30 bis 12:00 Uhr  
Di 9:30 bis 12:00 Uhr  
Mi 13:00 bis 15:00 Uhr  
Do 13:00 bis 15:00 Uhr  
sowie nach Vereinbarung

*Internet / E-Mail*  
<http://tu-dresden.de/ihi-zittau>  
[pruefungsamt.ihi@tu-dresden.de](mailto:pruefungsamt.ihi@tu-dresden.de)

**Doctor's statement**

Regarding the question of the above-mentioned patient's inability to take a university examination, my medical examination today revealed the following from a medical point of view:

Health complaints and impairment for examination / type of disability:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Are the identified health impairments related to exam anxiety or stress? Yes / No

Are or were the symptoms of the disease recognizable to the patient? Yes / No

If so, starting when? .....

Is the health disorder is a chronic disease, i.e. recovery is not expected in the foreseeable future? Yes / No

Duration of illness: from..... to .....

.....  
Place, date, stamp

.....  
Doctor's signature