



FACULTY OF MEDICINE
HEALTH SCIENCES CENTRE
KUWAIT UNIVERSITY

كلية الطب
مركز العلوم الطبية
جامعة الكويت

Sick leave

Student name:

Student No:

Year:

Missing classes:

Dr. Mona Al Ahmad
Acting Vice-Dean for Academic and Student Affairs

Treating Physician's Use

Health Center / Hospital:

Diagnosis and Recommendation:

.....

.....

Sick leave (if required)..... day

Signature:

Date:

Stamp: