



جامعة الكويت
KUWAIT UNIVERSITY



COLLEGE OF MEDICINE KUWAIT UNIVERSITY

SICK LEAVE FORM

Student Name:

Student ID:

Year: **College / Rotation:**

Missing classes:

Mobile No.: **Date:**

Coordinator / Chairman

Vice Dean for Academic & Student Affairs

Treating Physician's Use

Health Center / Hospital:

Diagnosis and Recommendation:

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No. of sick leave days: **Date:**

Signature: **Hospital Stamp:**