



MEDICAL CERTIFICATE

To be completed by **Stage 5 and 6 students only.**

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION

Glenwood High School requires a student to notify you that they are using this medical certificate to claim illness or misadventure for a scheduled Stage 6 assessment task or examination. Your help in providing information regarding the **impact** of this student's illness is appreciated, and will be used to assess the validity of this application.

I,, a legally qualified medical practitioner, certify that on
.....(date) examined.....(patient's name).

The patient is suffering from:

OR (diagnosis provided with patient's consent where possible)

The patient is suffering from a medical condition of a confidential nature

In my professional opinion, this condition will affect the completion of the following: (please tick)

	In a minor way	Moderately	Severely	Please specify:
CLASS ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN ASSESSMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL ASSESSMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the period of:.....to

Examinations: I certify that the student is medically unfit to sit for examination/s on:

Other remarks:

Details of Independent Professional Authority OR Stamp of Independent Professional Authority

Name:
Profession:
Provider Number:
Address:
Contact Number:
Signature:

