

Medical/Health Form

This form is to be completed by a registered medical or health practitioner for a student whose attendance or academic performance in an assessment item(s), including examinations, has been affected by illness or injury.

Section A – To be completed by student

SID: FAMILY NAME: GIVEN NAME:.....

I hereby consent to relevant information being provided by my medical or health practitioner and agree that they may provide verification of this certificate if requested by Taylors College. I understand that I must retain the originals of any documents submitted in support of a special consideration request and that the College may require the originals to be supplied at any time during my enrolment.

Student's Signature Date/...../.....

Section B – To be completed by a medical or health practitioner (see attached guidelines)

I (Practitioner's name), a registered medical or health practitioner, declare that I had a consultation with the above student on/...../..... and in my opinion have determined that in regards to the student's capacity to attend classes and learn or complete assessment requirements, the student has been assessed as:

Select	Degree of Impact	From (date)	To (date)
<input type="checkbox"/>	Totally unable to study: The condition has affected the student to such an extent that they are totally unable to undertake the assessment task or sit the examination.		
<input type="checkbox"/>	Very severely affected: The condition has seriously impacted on the students ability to complete an assessment task or sit an examination at their normal level of competence.		
<input type="checkbox"/>	Moderately affected: The condition has caused considerable discomfort to the student but has not had a severe impact upon their ability to complete the assessment task or sit the examination.		
<input type="checkbox"/>	Not affected: The condition has no impact upon the student's ability to undertake their assessment task or sit the examination.		
<input type="checkbox"/>	Unable to assess impact		

Additional Comments:

.....

I (Practitioner's name), declare that I am not a family member and do not have a close or personal relationship with this student. I authorise Taylors College to contact me or my office to confirm authenticity of this document.

Practitioner's address:

Provider Number:

Practitioner's contact number:

Practitioner's Signature

Date/...../.....

Please affix your practice stamp or seal to certify authenticity.



Guidelines for the Medical or Health Practitioner to complete Section B

Thank you for taking the time to help Taylors College (the College) to assess the impact of illness or injury on this student. The information you provide here will ensure that the College's assessment process is fair and equitable.

These guidelines have been written to assist you, as a medical/health practitioner, to understand the purpose and use of this form in the College's special consideration process. Special consideration means an adjustment that may be granted to the student to compensate for circumstances that have impacted on the student's ability to demonstrate their learning achievements in an assessment.

1. This form is included in the application that a student submits to the College for special consideration. It will allow the College to verify the student's claim and to determine the form of consideration to be made in light of the student's situation.
2. The information you supply on this form will be available only to those staff who need access to it in order to carry out their duties.
3. Section B of this form is to be completed by a registered medical/health practitioner within the scope of their practice, who is not a family member or has a close or personal relationship with the student.
4. Section B of this form must include:
 - a. The practitioner's name, contact details, provider or registration number and signature;
 - b. The date of consultation;
 - c. An evaluation by the practitioner, psychologist etc, of the duration and degree of impact on the student's ability to attend classes, to study or complete assessment requirements;
 - d. The date the form/certificate was written and signed.
5. Please issue this form in line with any guidelines provided by your professional association and only in respect of an illness or injury that you have observed. Please do not provide post-dated forms, as these will not be accepted by the College.