

MEDICAL CERTIFICATE

FOR DEFERRED EXAMINATION BASED ON MEDICAL GROUNDS



Students applying for a deferred examination based on medical grounds **MUST** have a medical practitioner complete this form **before or on the day of the examination**. This completed form is to be attached to your Application for Deferred Examination online form within three (3) working days after the examination date. **Non-specific statements that the patient was suffering a "medical condition" will not be accepted.**

1.0 STUDENT AUTHORITY FOR RELEASE OF INFORMATION

Student ID Number:	First name:	Last name:
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I hereby authorise the medical practitioner to release the information given in this document:

Signature: _____ Date: ____/____/____

2.0 MEDICAL EVIDENCE

To enable assessment of an application, it is a requirement under the University of the Sunshine Coast's Assessment Policy that we hold written confirmation that:

- The circumstances were beyond the student's control
- The circumstances did not make their full impact until the date of the exam
- Due to the circumstances, the student was physically unable to attend the scheduled examination

Medical Practitioner confirmation is required for:

- When the illness commenced
- When the illness ended (if applicable)
- Any potential implications of the illness on the student's university studies
- Any other information USC should be aware of to assess this application for a deferred examination

3.0 MEDICAL CERTIFICATE

I _____, a legally qualified medical practitioner, certify that on ____/____/____
(Name) (Date)

I examined _____
(Patient's name in BLOCK LETTERS)

Date circumstances / illness commenced: ____/____/____

Date circumstances / illness no longer evident (if applicable): ____/____/____

Date circumstances prevented the patient from attending the examination: ____/____/____

The patient is suffering from (Diagnosis to be provided with patient consent where possible)

Where the nature of the complaint cannot be divulged for privacy reasons, the University will accept a statement from the medical practitioner indicating that the condition cannot be revealed, provided the following information is completed:

- In my opinion, I believe that due to their circumstances/illness the patient was/will be medically unfit to sit their examination(s) for the dates stated above.
- I believe the following information is also pertinent for assessment of the patient's application (please attach additional documents if preferred).

Doctor's signature:
Date: ____/____/____
Are you the student's regular Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Doctor's name and address (OFFICIAL STAMP)
