



# Health Declaration/Medical Certificate for Special Consideration Applications

## INSTRUCTIONS FOR THE RETURN OF THIS DOCUMENT

1. For internal assessment and attendance requirements – please return the completed form to your Department or School. (As Part B may not be required, first check your course information or contact your Department or School.)
2. For final examinations – please ensure Part A and Part B are completed, attach to the Application for Special Consideration and return to the University Information Centre.

## PART A: HEALTH DECLARATION TO BE COMPLETED BY THE APPLICANT

Student ID (if known):          Education  Law  Pharmacy  Physical Education

Name: \_\_\_\_\_

Paper(s), course work or examination affected: (e.g. test, final examination, attendance for Terms Requirements, Practicum Placement)

\_\_\_\_\_

Dates/period of time when your course work/study has been affected: \_\_\_\_\_

Describe your problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The information which I have provided is correct and complete to the best of my knowledge. I give my consent for my Health Professional to disclose health information, relevant to my claim for special consideration, to relevant examiners and officers of the University. I understand that this disclosure is limited to health information related to my claim for special consideration.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## PART B: MEDICAL CERTIFICATE TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Certification (Please tick relevant box)

- I support the claim based on the information I have to hand
- I have insufficient information with which to form an opinion (see comments below)

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Health Professional Details

Name (Please print) \_\_\_\_\_

Profession \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name, address and telephone number of medical practice:

\_\_\_\_\_

\_\_\_\_\_

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CERTIFIER'S STAMP