

MEDICAL CERTIFICATE

for examinations

Time AM / PM

Certificate

- To be completed by a Medical or Registered Health Practitioner registered with the Australian Health Practitioner Regulation Agency.
- · Consultation must occur on or before the day of the first examination missed.
- Any other medical certificate will not be accepted.

I declare that I had a face-to-face consultation with

- The FSP/DTB student must submit this certificate to the Manager Student Services within 3 days of the exam.

It is my professional opinion that this student has/had an illness or injury, which began on

Guidance notes for completion

DD / 1111 /377777

The student believes that their capacity to demonstrate their true level of competence in the $\operatorname{exam}(s)$ has been or will be significantly impaired due to a temporary medical issue and is seeking a replacement examination on medical grounds.

The College does not consider the following to be a significant impairment:

- Minor ailments including but not limited to colds, minor respiratory infections, minor gastric upsets, menstrual irregularities, headaches and stress or anxiety normally associated with study.
- 2. Ongoing medical conditions that are currently being managed unless there has been an exacerbation of that condition.

DD / MM /YYYY

and which will or has impact the student's exam on

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DD / MM /YYYY					
I declare I am not a close relative or associate for the student* AND					
\square It is my professional opinion that the student has presented with	n sufficient evidence of a significant impairment to sup	port this application.			
OR					
☐ It is my professional opinion that the student has not presented with sufficient evidence of a significant impairment to support this application.					
Additional comments					
Signature of practitioner	Date				
Signature of student	Date				
INSERT PRACTITIONER'S STAMP (ESSENTIAL)	Name				
	Profession / position				
	Employer or practice name				
	Professional registration number				
	Medicare provider number				
	Address				
	City	State	Postcode		
	Telephone				

Student name

* Close relative or associate includes a partner, spouse, child, sibling, parent, grandparent, uncle or aunt, friend, extended family member, neighbour, partner of child, or colleague, and anyone involved in assessment process in the College.