THE UNIVERSITY of ADELAIDE COLLEGE

Medical Certificate For Examinations

Instructions for Completion

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

Guidance notes for completion

The student believes that their capacity to demonstrate their true level of competence in the 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:

1. **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.**

Declaration

I declare that I had a face-to-face consultation with ..... (Student name) on ..... (DD / MM / YYYY) at ..... (Time AM / PM)

It is my professional opinion that this student has/had an illness or injury, which began on ..... (DD / MM / YYYY) and which will or has impact the student's exam on ..... (DD / MM / YYYY).

I declare I am not a close relative or associate of the student* AND

☐ It is my professional opinion that the student has presented with sufficient evidence of a significant impairment to support 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		

* 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.

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