

1. IMPORTANT NOTE

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 returned with your Application for Deferred Examination 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.

2. STUDENT AUTHORITY FOR RELEASE OF INFORMATION

JCU Student number:

Family name:

Given name:

I hereby authorise the medical practitioner to release the information given on this document.

Signature: _____ Date: _____

3. MEDICAL EVIDENCE

In order to assess your application, the medical certificate must state:

- The date on which the health practitioner examined you
- The nature, severity and duration of the medical complaint
- The health practitioner's opinion regarding the impact of the medical condition on your performance/ability to sit an exam on the date concerned, as applicable.

Medical certificates must not be issued by a close associate or near relative of the student.

4. MEDICAL CERTIFICATE

I, _____, a legally qualified medical practitioner, certify that on ____/____/____

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

Date circumstances / illness commenced: ____/____/____

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

Date circumstances prevented and/or will prevent the patient from attending the examination/s: ____/____/____

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 this student's regular Doctor? Yes No

Doctor's name and address (OFFICIAL STAMP)