

Medical Certificate

Special Consideration in assessment



Information for Students:

Use this certificate as supporting documentation to your special consideration application for medical grounds. You may be eligible for special consideration if circumstances beyond your control prevent you from undertaking or completing an assessment task at the scheduled time. For more information visit deakin.edu.au/students/studying/assessment-and-results/special-consideration

Student to complete:

Student Authority for Release of Information

Student Name: _____ Student ID Number: _____

I authorise the medical practitioner/health care provider listed below to release the information given on this document to Deakin University.

Signature: _____ Date: _____

Medical Practitioner / Health Care Provider to complete:

To assess the validity of a student’s entitlement for special consideration on medical grounds, Deakin University requires specific information from a medical practitioner or health care provider. Please complete the details in the box below.

Practitioner/Provider’s Name: _____ Provider Number: _____

Address: _____ Phone: _____

Email: _____ Consultation Date: _____

Indicate how your assessment of the student’s condition was obtained:
 Information provided by student Examination of student

1. Period during which the student has been/will be affected: From: _____ To: _____

	None	Mild	Moderate	Severe
Degree to which this student’s performance was/will be affected. <i>(Please tick)</i>				

2. Determination of ability to undertake the assessment task or hurdle requirement:
 This student CAN or CANNOT complete the assessment at the scheduled time *(please circle)*

3. Details of condition: _____

Practitioner’s Signature: _____ Date: _____
 Practitioner’s Stamp: