

# Medical Certificate

## Special Consideration in Assessment



### STUDENTS TO COMPLETE:

#### Information for Students:

If circumstances beyond your control prevent you from undertaking or completing an assessment task at the scheduled time, use this certificate as supporting documentation for your special consideration application on medical grounds.

For further information please visit:

<https://www.deakin.edu.au/students/study-support/assessments-and-examinations/special-consideration>

#### Student Name:

#### Student ID Number:

#### Student Authority for Release of Information

I authorise the treating medical/health professional listed to release the information given on this document to Deakin University.

I understand Deakin reserves the right to contact providers of supporting documentation to confirm accuracy and authenticity. The applicant hereby authorises Deakin to make such inquiries and receive such information required to confirm the accuracy and authenticity of supporting documentation.

#### Signature:

#### Date:

#### Use and disclosure of personal information.

Deakin is committed to responsible collection and management of personal and health information (referred to in this statement as *personal information*) consistent with the [Privacy and Data Protection Act 2014 \(Vic\)](#), the [Health Records Act 2001 \(Vic\)](#) and our [Privacy Policy](#). All areas of Deakin treat personal information and health information in accordance with our Privacy Policy.

### MEDICAL/HEALTH PROFESSIONALS TO COMPLETE:

#### Information for Medical/Health Professionals:

To assess the student's application for special consideration on medical grounds, Deakin University requires specific information from a treating medical/health professional to support the student's application.

By completing and signing this form, you are verifying that:

- The student is experiencing circumstances beyond their control.
- These circumstances affect the student's capacity to study and/or complete assessments.
- You are qualified to authenticate the circumstances for which the student is applying.
- Staff at Deakin can contact you to verify the authenticity of this document.
- You are not a family member or a close associate of the student.
- You are registered with the Australian Health Practitioner Regulation Agency (AHPRA) or the Australian Association of Social Workers (AASW).

### SECTION 1: Medical/Health Professional details

#### Medical/Health Professional provider name:

#### Provider number:

#### Email:

#### Phone:

#### Consultation date:

#### Medical/Health Professional signature:

#### Medical/Health Professional stamp:

Form continues over the page.

## SECTION 2: Student's health or medical condition

### 1. Student's ability to undertake the assessment task or examination: (please tick)

- CAN** complete the assessment at the scheduled time.
- CANNOT** complete the assessment at the scheduled time.

### 2. Period during which the student has been/will be affected:

From: \_\_\_\_\_ To: \_\_\_\_\_

#### And the impact on the student is: (please tick)

- Temporary (i.e. <3 months)
- Long Term (i.e. >3 months)
- Ongoing (indeterminate end date)

### 3. Degree to which this student's ability to undertake or complete assessment task was/will be affected. (Please tick. Minor ailments such as, colds, headache, upset stomach and hay fever where the impact is not considered moderate or severe by the treating medical/health professional will not normally be accepted)

- Moderate
- Severe

### 4. Additional comments (optional):