



# Health Declaration for Internal Assessment / Attendance Requirements

## INSTRUCTIONS FOR THE RETURN OF DECLARATIONS (A standard medical certificate is insufficient)

For internal assessment and attendance requirements – please return the completed form to your Department or School. (As Part B may not be required, first check your course information or contact your Department or School).

### PART A: HEALTH DECLARATION TO BE COMPLETED BY THE APPLICANT:

Name: \_\_\_\_\_ Student ID (if known): \_\_\_\_\_

Module, course work affected: (e.g. test, attendance for Terms Requirements, Practicum Placement)

Dates/period of time when your course work/study has been affected: \_\_\_\_\_

Describe your problem in general terms: \_\_\_\_\_  
(Note: confidential personal details are not required here)

*The information which I have provided is correct and complete to the best of my knowledge. I give my consent for my Health Professional to disclose health information, relevant to my claim to relevant officers of the University. I understand that this disclosure is limited to health information related to my claim.*

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B: MEDICAL CERTIFICATE TO BE COMPLETED BY THE HEALTH PROFESSIONAL:

Dates incapacitated: \_\_\_\_\_

I have insufficient information with which to form an opinion (see comments below)

Comments: \_\_\_\_\_

### Health Professional Details: (related to part B only)

Name: \_\_\_\_\_  
Medical Practitioner   Registered Nurse   Counsellor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Certifier's stamp

**University of Otago, Student Health Services, PO Box 56, Dunedin (03) 479 8212**

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