Health Declaration for Special Consideration Applications

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

1. 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.)

2. For final examinations – please ensure Part A and Part B are completed. You will then need to scan and upload this to your online application for Special Consideration in Final Examinations. For more information see: http://www.otago.ac.nz/study/exams/otago062916.html

PART A: DECLARATION TO BE COMPLETED BY THE APPLICANT

Name: ___________________________ Student ID: ___________________________

Module/examinations, course work affected: (e.g. test, final examination, 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 for special consideration, to relevant examiners and officers of the University. I understand that this disclosure is limited to health information related to my claim for special consideration.

Signature of Student: ___________________________ Date: ___________________________

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

Special Consideration in final examinations takes into account conditions that have seriously affected a student’s performance or prevented them from attempting the examination.

Certification (Please tick relevant box)

Based on the information I have to hand I confirm there is evidence of

☐ mild impairment ☐ moderate impairment ☐ serious impairment

Dates incapacitated: ___________________________

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

Comments: ___________________________

Health Professional Details (relating to Section B only)

Name (Please print): ___________________________ Profession: ___________________________

Signature: ___________________________ Date: ___________________________

Name, address and telephone number of medical practice:

________________________________________

________________________________________

________________________________________

CERTIFIER’S STAMP
HEALTH DECLARATION INSTRUCTIONS FOR USE

A) By On-Campus Students
Obtain the template either by downloading it from the website or requesting a hard copy from the University Information Centre or your Department or School.

IF IN REGARD TO INTERNAL ASSESSMENT
Complete Part A
Check with course outline or staff member of the relevant department/school whether Part A is sufficient and if it is, submit Part A to the department/school.
If Part B is also required...
Visit a practitioner and request the practitioner to complete Part B.
Submit the completed Health Declaration to the department/school.

IF IN REGARD TO FINAL EXAMINATIONS
Complete Part A
Visit a practitioner and request the practitioner to complete Part B.
Submit the completed Health Declaration with your online application for Special Consideration in Final Examinations. For more information go to http://www.otago.ac.nz/study/exams/otago062916.html

① Important note
There is some variation in practice in particular programmes e.g. Dentistry, Medical Laboratory Science, Medical Radiation Therapy, Medicine, Pharmacy and Physiotherapy.
Students enrolled in those programmes must check with their schools or departments on their requirements.

B) By Distance Students
Obtain the template either by downloading it from the website or requesting a hard copy from the University Information Centre or your Department or School.

IF IN REGARD TO INTERNAL ASSESSMENT
Contact your Lecturer/Department to explain your situation and ask if Part B is required
If NO, complete Part A only and return the form to your Department or School
If YES, complete Part A then...
Visit a practitioner and request the practitioner to complete Part B
Submit the completed Health Declaration to your Department or School

IF IN REGARD TO FINAL EXAMINATIONS
Same as for On-Campus students

① Important note
There is some variation in practice in particular programmes e.g. Dentistry, Medical Laboratory Science, Medical Radiation Therapy, Medicine, Pharmacy and Physiotherapy.
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