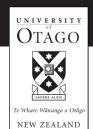
Health Declaration for special consideration in Final Examinations

FOR ASSESSMENT THROUGH STUDENT HEALTH this form will be completed after your visit and, upon receipt of payment, forwarded to Student Administration who will upload the form to your online application for Special Consideration.

FOR ALL OTHER HEALTH PROVIDERS please have the Health Professional complete the assessment in Part B, and then scan and upload the completed form to your online application for Special Consideration.



Part A: Declaration to be completed by the **applicant**

Name						ID			
Examina	tions affected	Papercode							
and the date of each examination:		·							
		Date							
Overall c	lates of impairment								
l was pre	evented from attend	ing my examinati	on(s) for the followin	g reasons:					
My perfo	ormance in my exam	iination(s) which I	did sit was significan	tly impaired in the fo	llowing way	/S:			
My prep	aration for the exam	nination(s) which I	did sit was significar	itly impaired in the fo	ollowing way	ys:			
The inform									
				st of my knowledge. I ition and for Student					
				d to information rela					
Signatur	e of student						Date		
Complet	tion of this form do	es not constitute	an application for s	Special consideratio	n which m	ust be con	npleted on	line via eVision.	
Part F	³ · Declaration	to be comp	leted by the I	lealth Profes	sional				
	inion the student ha	-	-		Jordina]
			or the daters						
	unfit to sit the exami		o oversignation (s.t.s.)						Note 1/a
			e examination/s to a			Ĺ		FICANT degree	Note 1/b
			e examination/s to a	MILD		L		FICANT degree	Note 1/c
	ovide any comments. ht medical evidence wi			significant non-medic	al factors th	at should b	e taken into	a consideration or	that there is
1. Criteria	a for Special Conside	eration in Final Exa	iminations						
	or an examination that aly restricted in their			e incapable of attem	pting the e>	kamination	n. It is not su	ufficient for the st	udent to be
	-	-		ment must have occu	urred on the	e day of the	e examinat	ion.	
		-		reparation is deemed		-			nation.
Health p	rofessional name					Professio	n		

Signature

Name, address and
telephone number
of medical practice

Date