

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

| | | | | | | |
|---|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Examinations affected and the date of each examination: | Papercode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Overall dates of impairment

I was prevented from attending my examination(s) for the following reasons:

My performance in my examination(s) which I did sit was significantly impaired in the following ways:

My preparation for the examination(s) which I did sit was significantly impaired in the following ways:

The information which I have provided is true and correct to the best of my knowledge. I give my consent for my Health Professional to disclose health information relevant to my application for Special Consideration and for Student Health to view my hospital record if needed as part of assessing this application. I understand that this disclosure is limited to information related to my application for Special Consideration.

Signature of student Date

Completion of this form does not constitute an application for Special consideration which must be completed online via eVision.

Part B: Declaration to be completed by the Health Professional

In my opinion the student has been impaired for the date/s

is unfit to sit the examination/s Note 1/a

has suffered impaired performance in the examination/s to a MILD MODERATE SIGNIFICANT degree Note 1/b

has suffered impaired preparation for the examination/s to a MILD MODERATE SIGNIFICANT degree Note 1/c

Please provide any comments. This may include that there is evidence of significant non-medical factors that should be taken into consideration or that there is insufficient medical evidence with which to form an opinion.

1. Criteria for Special Consideration in Final Examinations

- For an examination that has not been sat, the student must be incapable of attempting the examination. It is not sufficient for the student to be only restricted in their ability to sit the examination.
- For impaired performance during an examination, the impairment must have occurred on the day of the examination.
- For impaired preparation for an examination, the period of preparation is deemed to be the 14 days immediately prior to the examination.

Health professional name Profession

Signature Date

Name, address and telephone number of medical practice

Certifier's Stamp