



# Health Declaration for Special Consideration Applications FACULTY OF DENTISTRY

## INSTRUCTIONS FOR THE RETURN OF CERTIFICATES

**For internal assessment and attendance requirements** – please return the completed form to the Faculty Operations Manager, 1<sup>st</sup> Floor, Dental School (As Part B may not be required, first check your course guide or contact the Faculty Operations Manager)

**For final examinations** – please ensure Part A and Part B are completed, attach to the Application for Special Consideration and return to the Faculty Operations Manager 1<sup>st</sup> Floor, Dental School. The Application for Special Consideration is a separate form and can be downloaded from the Dental Faculty Office or Departmental

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

STUDENT ID

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Last Name:

First Name:

Course and Year: *e.g.* BDS2

Paper/Module: *e.g.* Anatomy module DENT262

Component affected: (*e.g.* practical test, final examination)

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 knoweldge. 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

CERTIFICATION (*please tick relevant box*)

I support the claim based on the information I have to hand

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

Additional comments:

PTO

## Health Professional Details

Name (Please print)

Profession

Signature

Date

Name, address & telephone number of medical practice:

CERTIFIER'S STAMP

### HEALTH DECLARATION INSTRUCTIONS FOR USE

Obtain the template either by downloading it from the Faculty website or by obtaining a hard copy from the Dental Faculty Office or Departmental Secretaries

#### IF IN REGARD TO INTERNAL ASSESSMENT OR UNPLANNED ABSENCE FROM CLASSES

Complete Part A

Check with course guide or Faculty Operations Manager 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 Faculty Operations Manager

#### 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 the *Application for Special Consideration* to the Faculty Operations Manager

#### PLEASE NOTE

If requesting Special Consideration for a Final Examination the Health Declaration MUST be accompanied by a separate form, the *Application for Special Consideration*, which can be downloaded from the Faculty website or obtained from the Dental Faculty Office

Health Declaration for Special Consideration F2