

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, attach to the Application for Special Consideration and return to the University Information Centre.

PART A: DECLARATION TO BE COMPLETED BY THE APPLICANT

Name: _____

Student ID:

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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 _____

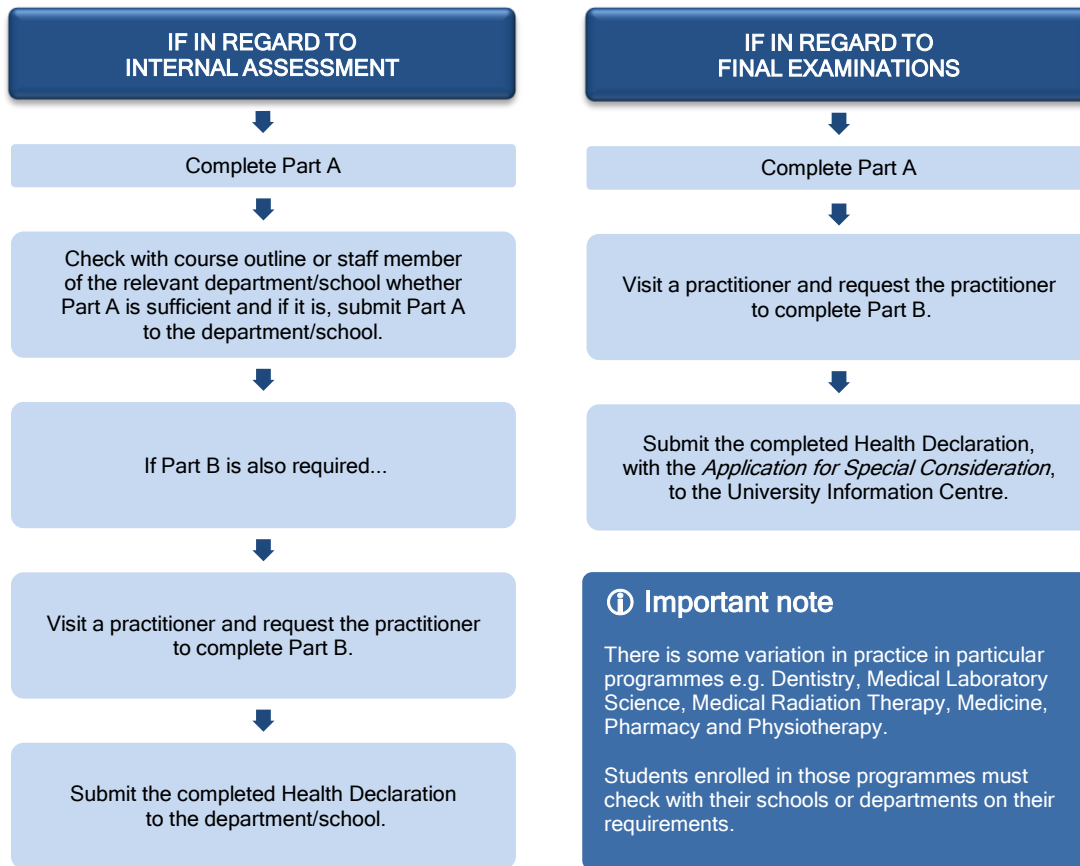
Name, address and telephone number of medical practice:

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.



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.

