



# 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. See page 2 for instructions on uploading the Health Declaration to your online application for Special Consideration. 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: 

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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

## For all on-campus and 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.

### **i** 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 apply at <http://www.otago.ac.nz/healthsciences/students/otago080742.html>, NOT via your eVision portal.

