MEDICAL CERTIFICATE

(The school requires a student to notify his doctor that he is using this medical certificate to claim illness or misadventure for a scheduled HSC assessment task)

Doctor’s Name / Stamp: __________________________ Date: ________________
Address: ____________________________________________

I, __________________________ a legally qualified medical practitioner certify that on the above date, I examined ___________________________(patient’s name).

☐ The patient is suffering from ____________________________

(Diagnosis provided with patient’s consent where possible)

☐ Is suffering from a medical condition of a confidential nature.

In my opinion this condition will affect the completion of the following: (please tick)

CLASS ATTENDANCE
☐ In minor way ☐ Moderately ☐ Severely

WRITTEN ASSIGNMENTS
☐ ☐ ☐

PRACTICAL ASSIGNMENTS
☐ ☐ ☐

PRIVATE STUDY
☐ ☐ ☐

For the period: ____________ to ____________

EXAMINATIONS: I certify that the student is medically unfit to sit for examination/s on:

_________________________________________________________________________________

OTHER REMARKS: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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Signature of medical practitioner