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

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: ____________________________________________

__________________________________________

__________________________________________

Signature of medical practitioner