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)

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<thead>
<tr>
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<th>In minor way</th>
<th>Moderately</th>
<th>Severely</th>
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</thead>
<tbody>
<tr>
<td>CLASS ATTENDANCE</td>
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<tr>
<td>WRITTEN ASSIGNMENTS</td>
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<td>PRACTICAL ASSIGNMENTS</td>
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<tr>
<td>PRIVATE STUDY</td>
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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