



ID:

STUDENT MEDICAL CERTIFICATE

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1. PERSONAL DETAILS

Griffith Identification number:

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Name

Family name:

First name:

Other names:

Home telephone number:

Work/mobile telephone number:

2. PRACTITIONER DETAILS

Either
Doctor's Stamp:
Or
Doctor's Name and Address and Provider Number

Name:

No and street:

Suburb/Town:

State:

Provider Number:

Today's Date: / /

I, _____, a legally qualified practitioner

examined _____ (Patient's name BLOCK LETTERS)

on _____ day _____ month _____ year

(Please complete one of the following categories in addition to either Section A or B below :)

The patient

- ☐ is suffering from _____
OR (diagnosis to be provided with patient consent where possible)
☐ is suffering from a medical condition of a confidential nature
OR
☐ states that he/she was _____

SECTION A: Please complete this section if the student is seeking DEFERRED EXAMINATION/S on medical grounds

In my opinion this student is UNFIT TO SIT EXAMINATIONS

within the period _____ to _____ (dates)

Additional Information (if required) _____

Signature of Medical Practitioner: _____

SECTION B: Please complete this section if the student is seeking SPECIAL CONSIDERATION regarding their performance of participation in classes, assessment, examinations or any other aspect of their course.

In my opinion the student's medical condition will affect the following: (please tick)

	In a minor way	Moderately	Severely
LECTURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSIGNMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL SESSIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXAMINATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

within the period _____ to _____ (dates)

Additional Information (if required) _____

Signature of Medical Practitioner: _____

ANY OTHER REMARKS _____

This Medical Certificate is provided for use by students of Griffith University in the following circumstances:

- ◆ where deferred assessment is being sought on medical grounds
- ◆ where special consideration in assessment is being sought on medical grounds
- ◆ where an extension on the due date for submission of an assignment is being sought on medical grounds
- ◆ as supporting documentation with a request for withdrawal without failure
- ◆ in all other circumstances relating to this University where documentary evidence is required of a medical condition

This Medical Certificate may be used for any assessment item, not just examinations.

Provision of this certificate does not mean that requests are automatically agreed to. Decisions will be made taking account of all available information.

This Medical Certificate may be completed by on campus doctors (Health Service) or by doctors in the community.

Please note that in all cases the Certificate must contain the Medical Practitioner's stamp where indicated, or, the Medical Practitioner's contact details and their Provider Number.

Students are advised to keep a photocopy of the completed original Certificate for their records and to submit the original to a Student Administration Centre with their other documentation.

Students applying for deferred assessment or special consideration **on medical grounds** must submit the Griffith University Student Medical Certificate, completed by a registered medical or dental practitioner stating:

- ◆ the date on which the practitioner examined the student
- ◆ the severity and duration of the complaint
- ◆ the practitioner's opinion of the effect of the complaint on the student's ability to undertake the assessment item.

Please do not request or submit a Medical Certificate if seeking to defer an examination or ask for special consideration on compassionate rather than medical grounds. Medical Certificates are legal documents and cannot be backdated.

Compassionate grounds might include:

- ◆ death of a family member or close relative
- ◆ serious illness of a family member or close relative
- ◆ involvement in an accident where this does not involve injury (if injured a medical certificate would be appropriate)
- ◆ significant and unexpected employment problems or pressures
- ◆ significant relationship problems

Appropriate documentary evidence for **compassionate grounds** might include:

- ◆ bereavement notice
- ◆ letter from employer, professional or practitioner on letterhead.
- ◆ statutory declaration
- ◆ copy of accident report

Please note that University Counsellors are generally not able to provide supporting documentation for compassionate grounds unless the student has seen them *prior* to requesting deferred assessment or special consideration.

Please ask staff of Student Administration if you are unsure about appropriate use of Medical Certificates.

PROTECTING STUDENT PRIVACY

Griffith University collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at <http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan> or Telephone (+61 7) 373 57700 or (+61 7) 555 28811.