



### 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)

	In minor way	Moderately	Severely
CLASS ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN ASSIGNMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL ASSIGNMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<http://www.normanhurb-h.schools.nsw.edu.au/years/year-12/hsc-assessment-information>