

# Medical certificate

## Special consideration in assessment



### Purpose of this document

This document is used for applying for special consideration on medical grounds for examinations or other assessable work in studies at Deakin University.

Special consideration may be granted to students who are legitimately disadvantaged in their assessment due to factors beyond their control. Depending on the circumstances and seriousness, special consideration may result in other forms of assessment being used or may be taken into account in the final grading for the unit.

For special consideration on medical grounds to be granted, the university requires information provided by a medical practitioner or health care provider. This is **to enable an assessment of the validity of the student's entitlement** to be made and, if the student is entitled, to determine what action, if any, should be taken. This form is used to provide this information.

### Student Authority for Release of Information (to be completed by the student)

Student Name (BLOCK LETTERS): ..... Deakin ID Number: .....

I hereby authorise the medical practitioner or health care provider to release the information given on this document and I authorise Deakin University to seek further information from the originating source.

Signature: ..... Date: .....

### Medical Practitioner / Health Care Provider Section

Practitioner/Provider's Name: ..... Provider's Stamp:

Provider Number: .....

Address / Contact details: .....

Phone: ..... Email: .....

Consultation Date: .....

1. Indicate how your assessment of the student's condition was obtained:

Information provided by student

Examination of student

2. Period during which the student has been/will be affected: From: ..... To: .....

	None	Mild	Moderate	Severe
Degree to which this student's performance was/will be affected. <i>(Please tick)</i>				

3. Determination of ability to sit for an examination:

This student is/was/will be ABLE or UNABLE to sit. *(Please circle)*

4. Details of condition: .....

.....  
 .....

Practitioner's Signature: ..... Date: .....