

Medicate Certificate for Deferred Examinations

Thank you for taking the time to complete this form on behalf of the student. The information you provide will assist the University in making a decision regarding the student's capacity to participate in their scheduled examination.

Please note that the University will not accept certificates from pharmacists or from online instant medical certificate providers.

Student Details – to be completed by student			
Surname		Given names	
Student ID		Teaching period	
Medical Practitioner Assessment			
The above-named student consulted with me most recently on these dates:			
I certify that the student she is/was medically disabled by the following condition (please provide a diagnostic statement on the nature of the illness):			
Which I know / diagnosed as having commenced on:			
And which lasted / I expect to last until:			
In my professional opinion, the student:	Was / is unfit to sit examinations		
	Was / is unfit to study		
The student should be fit to resume studies / sit for examination from:			
Please supply any relevant additional information:			
Medical Practitioner's Declaration and Details			
I declare that:			
a) the student presented to me in person.			
b) I am not a family member and do not have a close or personal relationship with this student.			
c) the information I have supplied is true and correct			
Name	Medical Practitioner's Stamp		
AHPRA registration number			
Address of practice			
Email			
Signature			
Date			