Cairnmillar INSTITUTE

Treatment | Education | Research

# Health Care Professional Certification

(to be used in support of a student's application for Special Consideration)

**THIS CERTIFICATION REPLACES A TRADITIONAL MEDICAL CERTIFICATE**
**Student to complete and sign to indicate consent for the Health Care Professional to provide this information to Cairnmillar**

| **Please write in BLOCK LETTERS** | **Student ID No.** |
|---|---|
| **Family Name:** | **First Name:** |
| **Other Name:** | **Semester:** **Year:** |
| **Signature:** | |

## CERTIFICATION TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

The above-named student consulted with me on these dates:

In my professional opinion, this student has been disadvantaged by illness or hardship in respect of the following (please indicate any/all relevant areas impacted).

| | In a Minor Way | Moderately | Severely |
|---|---|---|---|
| Lectures | ☐ | ☐ | ☐ |
| Assignments | ☐ | ☐ | ☐ |
| Practical Sessions | ☐ | ☐ | ☐ |
| Private Study | ☐ | ☐ | ☐ |
| Examinations | ☐ | ☐ | ☐ |

| In my professional opinion, the above-named student is unable to *(please indicate any/all relevant areas impacted)* | | | | |
|---|---|---|---|---|
| ☐ Study adequately for an exam | Dates affected | / / | to | / / |
| ☐ Adequately sit an exam | Dates affected | / / | to | / / |
| ☐ Prepare adequately for an assessment | Dates affected | / / | to | / / |

Please supply any relevant additional information relating to the ability of the student to prepare for or sit examinations and/or undertake other work for assessment other than examinations. Please attach this information to this form.

Are you related to the student? ☐ Yes ☐ No If yes, what is the nature of the relationship?

## HEALTH CARE PROFESSIONAL DETAILS & DECLARATION

| I certify that I have seen the above student and the information I have supplied is true and correct. | STAMP |
|---|---|
| **Signature:** Date: | |
| **Name:** (BLOCK LETTERS) | |
| **Address:** | **Daytime Ph:** |
| **Type of Health Care Professional:** | **Provider No:** |