UNIVERSITY OF SOUTHERN QUEENSLAND

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MEDICAL CERTIFICATE

STAMP

Doctor's Name:_____

Address:_____

_____

_____

Telephone/Fax:_____

Date:_____

I, _____ a legally qualified medical practitioner certify that on

_____/_____/_____ I examined _____
Date of Consultation (Patient's name in BLOCK LETTERS)

The patient is suffering from_____

_____

(Diagnosis to be provided with patient consent where possible) Non-specific statements that the student "was not fit for duty" or was suffering a "medical condition" will not be accepted. However, where the nature of the complaint cannot be divulged for reasons of privacy the University will accept a statement from the medical practitioner indicating that the condition cannot be revealed but that the condition will affect the patient's studies as detailed below. For non-Australian certificates, diagnosis must be in ENGLISH)

The above patient will return on _____/_____/_____ for reassessment of the condition.

In my opinion this condition will affect the following: (Please tick)

	In a minor way	**Moderately**	**Severely**
EXAMINATIONS	☐	☐	☐
LECTURES	☐	☐	☐
ASSIGNMENTS	☐	☐	☐
PRACTICAL ASSIGNMENTS	☐	☐	☐
PRIVATE STUDY	☐	☐	☐

For the period _____ **to** _____

EXAMINATIONS:
In my opinion this condition will affect the student's performance in his/her examination specifically in the following way:

_____

_____

I certify that the student is medically unfit to sit for the examination/s on

_____(dates)

_____
(Signature of Medical Practitioner)