



UNIVERSITY OF SOUTHERN QUEENSLAND

University of Southern Queensland
Toowoomba QLD
Australia 4350
Ph: 61 7 46312100

University of Southern Queensland
Fraser Coast QLD
Australia 4655
Ph: 61 7 41943133

University of Southern Queensland
Education City
Springfield QLD
Australia 4300
Ph: 61 7 34704100

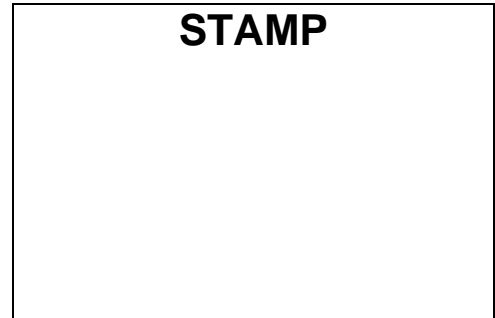
M E D I C A L C E R T I F I C A T E

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LECTURES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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:

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)