



MEDICAL CERTIFICATE

(To be used in support of applications for Waive Academic Penalty with Fee Reversal, Deferred Examinations/Assessment, Leave of Absence, Reduced Study Load)

(Please complete all sections of this form)

STUDENT DETAILS (To be completed by student)

Student ID Number

Family Name Given Names

I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in the cancellation of my enrolment.

Student Signature Date

PRACTITIONER DETAILS

Name of Practitioner and Provider Number

Address

Contact telephone

I confirm that I examined PATIENT'S NAME

on the following dates

Date Date Date

Provider's stamp
If stamp is not available, please complete the Practitioner Details section of this form

SECTION A: Please complete this section if the student is seeking DEFERRED EXAMINATION/S on medical grounds

In my opinion this student is UNFIT TO SIT EXAMINATIONS
Within the period to
Additional information (if required)

SECTION B: Please complete this section if the student is seeking a withdrawal without academic or financial penalty, reduced study load, assignment extension or leave of absence.

In my opinion the student's medical condition will affect the following: (please tick)

	In a minor way	Moderately	Severely
LECTURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSIGNMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL SESSIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXAMINATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Within the period To

Additional information (if required)

PRACTITIONER'S SIGNATURE Date

**THE UNIVERSITY OF SOUTHERN QUEENSLAND MEDICAL CERTIFICATE
INFORMATION SHEET**

This medical certificate is provided for use by students of the University of Southern Queensland in the following circumstances:

- Where a deferred examination is being sought on medical grounds
- Where special consideration in assessment is being sought on medical grounds
- Where an extension on the due date for submission of an assignment is being sought on medical grounds
- As supporting documentation for an application for withdrawal without academic or financial penalty
- Where a reduced study load is sought (International students on student visas only)
- In all other circumstances relating to this University where documentary evidence is required of a medical condition

Provision of this medical certificate does not mean that requests are automatically agreed to. Decisions will be made taking into consideration all available information.

This Medical Certificate may be completed by an on campus doctor (Student Services) or by doctors in the community.

In all cases the Medical Certificate must contain the Medical Practitioner's stamp where indicated, or, the Medical Practitioner's contact details and their Provider Number.

Please note that medical certificates are legal documents and cannot be backdated.

Students are advised to keep a photocopy of the completed original certificate for their records and to submit the original to the University with their other documentation.

Please ask Student Support staff if you are unsure about the appropriate use of this Medical Certificate.

Email: usq.support@usq.edu.au

Phone: 1800 007 252

PROTECTING STUDENT PRIVACY

USQ collects, handles, uses, discloses and stores information about you and the choices available to you for provision of products and services selected by you throughout your learning journey. Not all of the information is personal information under the Privacy Act 2009 (Qld). To comply with legal and administrative obligations information is disclosed to Commonwealth and State agencies. Personal information will not be disclosed to third parties other than a USQ approved educational services agent, partner or organisation who provides sponsorship to you for your studies, without your consent unless required or permitted by a law. Where we disclose to a third party we endeavour to ensure they are bound by the same requirements as USQ with respect to personal information. Transfer of personal information outside Australia may occur. You have the right to access your personal information and if you wish to inquire about the handling or seek access to your personal information you can contact the USQ Privacy Officer (privacy@usq.edu.au).