



Illness / Misadventure Application – Years 10, 11 and 12

Complete all these forms and submit electronically to the Deputy Principal via email within 7 days of the due date of task

Section 2A – Independent Evidence of Illness

(Doctor or appropriately qualified health professional to complete)

Section 2A can be completed with electronic sign off, or handwritten needs to signed and scanned as attachments.

Important information for the student
<ul style="list-style-type: none"> <li>Only one relevant person should complete this form. If multiple relevant persons need to contribute information, each one should complete a separate form.</li> <li>This form will not be accepted if anyone other than the signatory has written on it.</li> <li>Providing false or fraudulent information, including editing, or adding to the relevant person's comments, is a breach of the school assessment policy. This may be determined as malpractice and impose a penalty on your results.</li> </ul>

Important information for the medical/health professional
<ul style="list-style-type: none"> <li><b>Students are required to attend all tasks, even when they believe their performance may be adversely affected by illness (unless it is not safe to do so, in accordance with medical advice).</b></li> <li>The specific impact of the situation on the student's performance in the task will be considered.</li> <li>Students who are unwell must seek independent medical advice either immediately before or after the task. (this requirement applies separately to each task)</li> <li>Answer all questions based on your own professional opinion.</li> <li>The student has given permission for the school to obtain further information relating to the application from anyone completing Section 2A.</li> <li>Any fee for providing this report is the responsibility of the student.</li> </ul>
<b>A medical certificate that merely states student was unfit for work/study is unacceptable</b>

Answer all fields in this form to support the consideration of the student's application.

Patient (student) name	
Diagnosed medical condition	
Date of onset/diagnosis of illness	
Doctor or health professional details	
Name	
Profession	
Qualifications/ specialty	
AHPRA Registration Number	
Practice / organisation of employment	
Phone number	
Signature	
Date	

1. List all date(s) and time(s) of consultations/meetings related to this illness	
2. Describe fully how the student's condition and symptoms will or has impacted their task performance (or the student's medical inability to attend the task if applicable) <i>Additional sheet(s) may be attached if necessary.</i>	



**Illness / Misadventure Application – Years 10, 11 and 12**

Complete all these forms and submit electronically to the Deputy Principal via email within 7 days of the due date of task

[Empty form area for application details]