

MEDICAL CERTIFICATE

To be completed by an independent professional authority

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVING DOCUMENTATION

Your help in providing information regarding this student's illness is appreciated. This information will assist The Ponds High School in the assessment of this illness application.

I, _____, a legally qualified medical practitioner, certify that on
_____ (date) examined _____ (patient's name).

The patient is suffering from: _____
(diagnosis provided with patient's consent where possible)

The patient is suffering from a medical condition of a confidential nature

In my opinion, this condition will affect the completion of the following: (please tick)

	In minor way	Moderately	Severely
CLASS ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN 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 of: _____ to _____

EXAMINATIONS: the student is unable to sit for examinations on: _____

OTHER REMARKS:

Details of Independent Professional Authority

(or stamp):

Name: _____

Profession: _____

Provider Number: _____

Address: _____

Contact Number: _____

Signature: _____