This form is used in conjunction with the Special Consideration eForm.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (**X**).

You may apply for Special Consideration if you experience serious misadventure, accident or extenuating circumstances beyond your control.

More information about applying for Special Consideration is available at westernsydney.edu.au/specialconsideration. You can view full details of the Special Consideration policy under ‘S’ in the A-Z policy list at westernsydney.edu.au/policy.

### 1 - PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Student ID number</th>
<th>Daytime contact phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Title  
Family name  
Given name(s)

### 2 - MEDICAL CERTIFICATE

The certificate must be completed by a registered medical practitioner and have the practitioner’s provider stamp affixed. **Stress and/or anxiety associated with exams will not normally be considered.**

Name of practitioner  
Provider number  
Address  
Contact telephone(s)

Date of attendance at surgery  
Date  
Time

I certify that

<table>
<thead>
<tr>
<th>Patient’s name</th>
</tr>
</thead>
</table>
| [ ] Yes  
| [ ] No |

Is the patient’s condition severe enough that it prevents them from completing an assignment, class work, fieldwork or exam?

- [ ] an examination of the patient  
- [ ] information provided by the patient  
- [ ] I am unable to assess how this illness would affect the patient’s capacity to sit a formal exam

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the patient over this period.

Practitioner’s signature  
Date

All sections of this form must be completed.