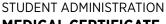


W



**MEDICAL CERTIFICATE** 

## STUDENT SERVICES HUB

LOCKED BAG 1797, PENRITH NSW 2751

## This form is used in conjuction with the Disruption to Studies workflow form.

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

You may apply for Disruption to Studies if you experience serious misadventure, accident or extenuating circumstances beyond your control.

More information about applying for Disruption to Studies is available at westernsydney.edu.au/disruption to studies. You can view full details of the Disruption to Studies policy under 'D' in the A-Z policy list at westernsydney. edu.au/policy.

1 - PERSONAL DETAILS	
Student ID number Daytime contact phone number	
Title Family name	
First name	
2 - MEDICAL CERTIFICATE	
The certificate must be completed by a registered medical practitioner and have the practitioner's provide	der stamp affixed.
Stress and/or anxiety associated with exams will not normally be considered.	Provider's stamp
Name of practitioner	
Provider number	MUST BE
Address	AFFIXED HERE
Contact telephone(s)	If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this
Date of attendance at surgery Date D D / M M / Y Y Y Time	application.
I certify that PATIENT'S NAME	
is unfit for studies from Date DD / MM / YYYY Date DD / M	M / Y Y Y Y
Is the patient's condition severe enough that it prevents them from completing an assignment, class work, fieldwork or exam?	No
My assessment of the patient's condition was based on:	
□ 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 expe over this period.	rienced by the patient
Practitioner's signature PRACTITIONER'S SIGNATURE Date D /	M M / Y Y Y
All sections of this form must be completed.	

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

00372 08/16 Page 1 of 1