



Year 11/12 External Examinations

TQA Medical Certificate

(To be completed if seeking exemption from an exam, either in whole or part.)

PART A: To be completed by the candidate or parent or guardian and handed to the medical practitioner for completion of Part B. Please use **BLOCK** letters.

TQA Student ID:

Surname

Given Names

Address

.....

.....

Postcode Telephone No

Externally assessed subjects for which candidate is applying for special consideration:

Subject	Date of Exam

Name, Address and contact number of Medical Practitioner

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Postcode Telephone No

Provider Number of Medical Practitioner

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I hereby authorise the medical practitioner whose name and address appears above to furnish the Tasmanian Qualifications Authority with a report on the nature of my illness or incapacity. I also authorise the Authority to obtain, from this medical practitioner, such further information as is required by the Authority to make a decision in regard to my application for special consideration.

Date Signed

Category
(TQA use only)

PART B: TO BE COMPLETED BY THE MEDICAL PRACTITIONER

(Please PRINT)

(Please note the authorisation given on the previous page)

Date(s) of relevant medical examination(s):

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Nature of illness or incapacity

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Where the candidate was examined by the medical practitioner on the day of the TQA examination(s), or not more than seven days before, please complete either (a) **OR** (b) below:

- (a) The candidate's illness or incapacity was such that, in the professional opinion of the medical practitioner, his/her performance in examination(s) would have been seriously impaired for a period of _____ days from ____/____/____.
- (b) The candidate's illness or incapacity was such that, in the professional opinion of the medical practitioner, he/she was **FIT** to sit for the examination(s) on the date(s) listed above.

Are there any further comments you wish to make in regard to this candidate's capacity to sit for his/her TQA examination(s)?

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Date Signed

Note: The Medical Practitioner is asked to mail this form directly to the Chief Executive Officer, Tasmanian Qualifications Authority, PO Box 147, Sandy Bay, 7006, within **THREE** days of the medical examination.

THIS FORM SHOULD NOT BE RETURNED TO THE CANDIDATE.