



(to be completed if seeking exemption from an examination, either in whole or part)

Part A: TO BE COMPLETED BY THE CANDIDATE AND HANDED TO THE MEDICAL PRACTITIONER FOR COMPLETION OF PART B. (Please use BLOCK letters)

TASC Student ID:

Family Name: _____

Given Names: _____

Address: _____

Postcode: _____ Telephone: _____

Email address: _____

Externally assessed subjects for which candidate is applying for derived examination ratings:

Subject	Date of Exam

Medical Practitioner details:

Name: _____

Address: _____

Postcode: _____ Telephone: _____

Registration Number: _____

I hereby authorise the medical practitioner whose name and address appears above to provide the Office of Tasmanian Assessment, Standards & Certification (TASC) with a report on the nature of my illness or incapacity. I also authorise TASC to obtain, from this medical practitioner, such further information as is required by TASC to make a decision in regard to my application for derived examination ratings.

Candidate Signature: _____ Date: _____

Category (TASC 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 TASC 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 TASC examination(s)?

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Signed..... Date:

Note: The Medical Practitioner is asked to mail this form directly to the Executive Officer, Office of Tasmanian Assessment, Standards & Certification, GPO Box 333, Hobart, 7001, within **THREE** days of the medical examination.

THIS FORM MUST NOT BE RETURNED TO THE CANDIDATE