University of South Australia | Student and Academic Services

UniSA Medical Certificate

This certificate complies with the University's requirements for a medical certificates as set out in the **Glossary of University Terms**. To be completed by a registered medical/health practitioner when students require supporting evidence of medical circumstances.

Please refer to *Assessment Policy and Procedures:*

AB-68 P2 Variations to Assessments Procedure, **Section G - Unexpected or exceptional Circumstances**

Part A: Personal details (to be completed by the student)

Student ID:	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Mr/Miss/Ms/Mrs:	First name(s):

Family name:

Date of birth:	Contact No:

I authorise the University to obtain further information with the respects to my application and, if necessary, to investigate the legitimacy of the documentation that I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.

Student Signature:	**Date**: D D / M M / Y Y Y Y

Part B: Registered Medical/Health Practitioner's Declaration (to be completed by the Practitioner)

Complete only the details not provided in the stamp

Name of Practitioner	
Provider Number	
Address	
Contact Number	
Provider Stamp	If stamp is not available, please complete the Practitioner Details section of this form
Certify that I examined this student on the following date	D D / M M / Y Y Y Y
Declaration of potential conflict	☐ I am not a relative, friend or employer

Part C: Registered Medical/Health Practitioner's impact statement

My medical assessment is that this condition had / will have the following impact on this student's ability to submit an assignment and/or sit for examination on their designated submission dates (please tick appropriate box).

☐ Assessments	☐ Examinations	☐ Course Studies

Within the period D D / M M / Y Y Y Y **until** D D / M M / Y Y Y Y

Signature:	**Date:** D D / M M / Y Y Y Y