



MUIRFIELD HIGH SCHOOL

Barclay Road, North Rocks, New South Wales, 2151 Ph. 9872 2244

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Principal: Ms Jennifer Reeves – BA DipEd GradDip(Information Management)

MEDICAL CERTIFICATE

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION
Muirfield High School requires a student to notify you that they are using this medical certificate to claim illness or misadventure for a scheduled Stage 6 assessment task or examination. Your help in providing information regarding the **impact** of this student's illness is appreciated and will be used to assess the validity of this application.

I,, a legally qualified medical practitioner, certify that on
.....(date) examined(patient's name).

The patient is suffering from:
(diagnosis provided with patient's consent where possible)
OR
 The patient is suffering from a medical condition of a confidential nature

In my professional opinion, this will affect the completion of the following: *(please tick)*

	In a minor way	Moderately	Severely	Please specify:
CLASS ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN ASSESSMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL ASSESSMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the period of to

EXAMINATIONS: I certify that the student is medically unfit to sit for examination/s on:

.....
Other remarks:
.....
.....

Details of Independent Professional Authority OR Stamp of Independent Professional Authority

Name:
Profession:
Provider Number:
Address:
Contact Number:
Signature: