CRESTWOOD HIGH SCHOOL
VISION AND PROGRESS

CRESTWOOD HIGH SCHOOL MEDICAL CERTIFICATE

The school requires students to inform their doctor that the medical certificate is being used to claim illness or misadventure for an **HSC assessment task or to request time off immediately before an assessment**. The certificate must be from a qualified medical professional and include illness experienced, evidence of the illness, as observed by the doctor; date of onset; how the illness impacted the student's performance and any additional consultation dates.

A certificate stating the student was "unfit for work/study" is insufficient. The doctor's stamp, including a provider number, must be used, or the practice may be contacted to verify validity.

Doctor's Name / Stamp: _____ **Date:** _____

Address: _____

I, _____ a legally qualified medical practitioner certifies that on the

above date, examined (patient's name): _____

☐The patient is suffering from _____
(Diagnosis provided with patient's consent where possible)

☐Is suffering from a medical condition of a confidential nature.

IMPACT ON ASSESSMENT PERFORMANCE

In my opinion this condition will affect the completion of the following: (please tick)

	In a minor way	Moderately	Severely
Class attendance			
Written assignments			
Practical assignments			
Private study			

For the period: _____ to _____

Where relevant, please provide any further detail on how the students' condition and symptoms will or has impacted their assessment performance (or the students' medical inability to attend school):

_____

_____

Signature of Medical Practitioner: _____

Place stamp here (include provider number)

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