

Bond University Student Medical Certificate

PATIENT CIRCUMSTANCES AND IMPACT

I, , a currently registered and approved Health Care Professional examined on the following dates;

Date:

Date:

Date:

(Please tick and complete one of the following categories in addition to either Section A or B below)

The patient

- is suffering from based on an examination of the patient
OR
(diagnosis to be provided with patient consent where possible)
- is suffering from a medical condition of a confidential nature based on an examination of the patient
OR
- states that he/she was

SECTION A: Please complete this section if the student is seeking **DEFERRED EXAMINATION/S** on medical grounds

In my opinion the patient's medical condition is severe enough that it prevents them to sit their examination/s; within the period to (dates)

Additional Information *(if required)*

SECTION B: Please complete this section if the student is seeking a withdraw without academic or financial penalty, reduce study load, assignment extension or leave of absence.

In my opinion the patient's medical condition will affect the following: *(please tick)*

	Unable to assess impact	Not affected	Moderately affected	Severely affected
Lectures/ Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

within the period to (dates)

Additional Information *(if required)*

HEALTH CARE PROFESSIONAL DETAILS

I declare that I am not a family member and do not have a close or personal relationship with this patient. I authorise Bond University to contact me or my office to confirm authenticity of this document:

Signature of Health Care Professional:

Date*:

* This is the date that the certificate was written and issued.

Either	Health Care Professional's Stamp:	or	If the stamp does not contain all of the following, please complete as appropriate:
	<input type="text"/>		Health Care Professional's name
			Provider number
			Address of practice
			Telephone number

BOND UNIVERSITY STUDENT MEDICAL CERTIFICATE INFORMATION SHEET

This Medical Certificate is provided for use by students of Bond University in the following circumstances:

- where deferred assessment is being sought on medical grounds
- where an extension on the due date for submission of an assignment is being sought on medical grounds
- as supporting documentation with a request for withdrawal without academic or financial penalty
- where a reduced study load is sought
- in all other circumstances relating to this University where documentary evidence is required of a medical condition

It should be noted that stress or anxiety associated with exams will not normally be considered unless it has a psychologist/psychiatrists report lodged with the Disability Officer.

ALL sections of the form must be completed.

Important Notes:

1. This Medical Certificate is a legal document and must not be backdated.
2. Students unsure about appropriate use of the Bond University Student Medical Certificate should consult Student Business Centre.
3. Provision of this certificate does not mean that requests are automatically agreed to. Decisions will be made taking account of all available information.
4. In all cases the Certificate must contain the Health Care Professional's stamp where indicated, or, the Health Care Professional's contact details and their Provider Number.
5. Bond University staff may need to verify information provided on this certificate with the relevant Health Care Professional.

Students applying for deferred examination/s **on medical grounds** must submit the Bond University Student Medical Certificate, completed by a currently registered and approved Health Care Professional stating:

- the date on which the Health Care Professional examined the student
- the severity and duration of the complaint
- the Health Care Professional's opinion of the effect of the complaint on the student's ability to undertake the assessment item.

Please do not request or submit a Medical Certificate if seeking to defer an examination on compassionate rather than medical grounds. **Compassionate grounds** might include:

- death of a family member or close relative
- serious illness of a family member or close relative
- involvement in an accident where this does not involve injury (if injured a medical certificate would be appropriate)
- significant and unexpected employment problems or pressures
- significant relationship problems

Appropriate independent documentary evidence for **compassionate grounds** might include:

- bereavement notice
- letter from employer, professional or practitioner on letterhead.
- copy of accident report

Please note that University Counsellors are generally not able to provide supporting documentation for compassionate grounds unless the student has seen them prior to requesting deferred assessment or special consideration.

PROTECTING STUDENT PRIVACY

Bond University (BU) may collect personal information about you, including the information on this form. BU collects this information for the purpose of providing services to you and facilitating BU's internal business operations, including the fulfilment of any legal requirements. If the personal information you provide to BU is incomplete and/or inaccurate, BU may be unable to provide you with the services you are seeking. You may access the personal information BU holds about you in accordance with BU's privacy policy at www.bond.edu.au.