



Medical Form Submission

- THIS FORM IS TO BE USED BY STUDENTS FOR THE PURPOSE OF PROVIDING MEDICAL EVIDENCE TO SUPPORT THEIR APPLICATION.
- STUDENTS APPLYING FOR SPECIAL CONSIDERATION BASED ON MEDICAL GROUNDS **MUST** HAVE A REGISTERED MEDICAL PRACTITIONER COMPLETE THIS FORM. INDEPENDENT MEDICAL CERTIFICATES WILL NOT BE CONSIDERED, UNLESS THE CERTIFICATE CONTAINS INFORMATION AS REQUESTED UNDER THE MEDICAL EVIDENCE REQUIREMENTS BELOW.

Medical Evidence Requirements

Medical Practitioner confirmation **MUST** include:

- When the patient was examined; and
- When the illness commenced; and
- When the illness ended (if applicable); and
- The severity of the illness, express as a medical opinion. (Certificates merely reporting the students account of the illness will not be accepted)

Medical Certificate

I, a legally qualified medical practitioner, certify that I examined
 on

Date circumstances / illness commenced:

Date circumstances / illness no longer evident (if applicable):

On what date did the patient's circumstances prevent them from studying:

The patient is suffering from:

NOTE: Diagnosis to be provided with patient consent where possible. Where the nature of the complaint cannot be divulged for privacy reasons, Gold Coast Learning Centre will accept a statement from the medical practitioner indicating that the condition cannot be revealed.

Tick applicable box(es) below:

I certify that due to their circumstances / illness the patient is medically unfit to continue his / her studies for the dates stated above.

The following information is also pertinent for assessment of the patient's application (please attach additional documents if preferred):

Are you this student's regular Doctor? Yes No

Doctors Name, Address, Contact Details and provider number: (OFFICIAL STAMP)

Doctors Signature:	Date:
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