

This certificate is designed to meet the University's requirements for medical certificates as set out in the Definitions section of the Assessment Policies and Procedures Manual (APPM). It should be completed, signed and stamped by a registered medical/health practitioner as defined in the APPM.

Refer <https://i.unisa.edu.au/policies-and-procedures/codes/assessment-policies/>

## 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