

☐ Entered into Databee Exam Manager:

Incident No. .....



## Examination Incident Report Student Illness

Date:	Time of incident:
Exam start time:	Time lost (if applicable):

Venue Details (please circle)					
Ridley Centre	Banquet Room	Arena Sports Bar	Morphettville	AEA	AEAOC
Other: (please specify)	Campus:			Room No.:	

Course Details	
Course Title:	
Course Sub/Cat or ID:	School:

Student Details	
First Name:	Last Name:
Student ID:	

Reason for Incident Report (please note details on reverse)	
<input type="checkbox"/> Student Illness	<input type="checkbox"/> Other (please specify)

Invigilator Details			
General Invigilator:		Signature:	
Chief Invigilator:		Signature:	

Office Use ONLY (please tick)	
<input type="checkbox"/> Original sent to Course Coordinator	<input type="checkbox"/> Copy sent to Business Analyst: Exams and Results
<input type="checkbox"/> Copy sent to LTU attn. Jayne Ayliffe (if applicable)	
Office Staff:	Signature:

## Incident Details and Action Taken

### Student ID:

The student advised staff of feeling unwell **BEFORE** reading time and did not want to sit exam:

- ☐ First aid officer spoke with student.
- ☐ Student was given an Application for Deferred Examination form.
- ☐ Student was advised to see a medical professional and obtain a medical certificate as soon as possible.
- ☐ Student was advised to lodge the *Application for Deferred Examination* form with medical certificate to Campus Central within 5 working days.

The student complained of feeling unwell **AFTER** reading time had commenced:

- ☐ First aid officer spoke with student.
- ☐ Student continued with exam.
- ☐ Student could not continue with exam.

If student **could not continue** with exam:

- ☐ Student was advised not to drive if not well enough.
- ☐ Student rang parent/ friend to pick them up.
- ☐ Student was given an *Application for Special Consideration* form.
- ☐ Student was advised to see a medical professional & obtain a medical certificate as soon as possible.
- ☐ Student was advised to lodge the *Application for Special Consideration* form with medical certificate to Campus Central within 5 working days.