Alexandria Park Community School

MEDICAL CERTIFICATE

The school requires a student to notify their doctor that they are using this medical certificate to claim illness or misadventure for a scheduled HSC assessment task, including examinations.

Doctor's Name/Stamp: _____ Date: _____

Address: _____

I, _____ a legally qualified medical practitioner certify

that on the above date, I 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.

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

	In minor way	Moderately	Severely
Class Attendance:	☐	☐	☐
Written assignments:	☐	☐	☐
Practical assignments:	☐	☐	☐
Private study:	☐	☐	☐

For the period: _____to _____

Examinations: I certify that the student is medically unfit to sit for examination/s on:

_____

Other remarks:

_____

_____

_____

…………………………………………………...
Signature of medical practitioner