

Deakin College Health Practitioner Certificate (Leave of Absence)

Purpose of this Certificate

This certificate serves as supporting documentation for students applying for a Leave of Absence due to medical or mental health reasons.

To assess the validity of a student's compassionate or compelling circumstances, Deakin College requires relevant information from a qualified health practitioner. This form is intended to facilitate the provision of such information.

Student Authorisation for Release of Information *(To be completed by the student)*

Student Name *(BLOCK LETTERS)*:

Deakin College Student ID Number:

I hereby authorise the health practitioner to disclose the information provided in this document and grant Deakin College permission to obtain further details from the original source if necessary.

Student Signature: Date:

Health Practitioner Section *(All questions must be completed)*

1. **Practitioner/Provider's Name:**

Provider Number:

Contact Details *(phone, email)*:

Practitioner Stamp:

2. **Consultation Date:**

3. **Please specify the method used to assess the student's condition *(select all that apply)*:**

Information provided by student Examination of student

4. **Duration of Impact on the Student *(Inclusive Dates)*:**

From: To:

5. **Assessment of Fitness for Study *(please select one)*:**

Unfit for study during the specified period

Fit for study during the specified period

6. **Nature of Condition and Relevant Details:**

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7. **Severity of Condition *(please select one)*:**

Mild Severe

8. **Practitioner's Signature:** **Date:**