

Deakin College Health Practitioner Certificate (Special Consideration)

Purpose of this Certificate

This certificate serves as supporting documentation for students applying for special consideration due to medical or mental health reasons. Special consideration may be granted to students who are legitimately disadvantaged in their assessment due to circumstances beyond their control. To assess the validity of a student's 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)*

Practitioner Stamp:

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

Provider Number:

Contact Details *(phone, email)*:

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:**

.....
.....

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

☐ Mild ☐ Severe

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