

## 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:

.....  
.....

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

☐ Mild

☐ Severe

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