



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:

Practitioner Stamp:

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:

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7. Severity of Condition (please select one):

Mild **Severe**

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