

Deakin College Health Practitioner Certificate

Purpose of this Certificate

This certificate is to be used when applying for Leave of Absence on medical or mental health reasons. For Leave of Absence on **medical or mental health reasons** to be granted, Deakin College requires information to be provided by your health practitioner. This **is to enable an assessment of the validity of a student's compassionate or compelling circumstances**. This form is used to provide this information.

Student Authority for Release of Information (to be completed by the student)

Student Name (BLOCK LETTERS):

Deakin College ID Number:

I hereby authorise the health practitioner to release the information given on this document and I authorise Deakin College to seek further information from the originating source.

Signature: Date:

Health Practitioner Section (all questions to be completed)

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

Provider Number:.....

Address/contact details (phone, email):.....

Provider's Stamp

2. Consultation Date:

3. Please indicate how your assessment of the student's condition was obtained (please tick):

Information provided by student Examination of student

4. Period during which the student has been/will be affected (inclusive):

From: To:

5. Determination of fit for study (please tick):

Unfit for study during the dates listed above
 Fit for study during the dates listed above

6. Type of condition and relevant details

.....

Condition is (please tick):

Mild Severe

Practitioner's Signature:Date: