Application for Special Consideration
for External Student Exams

To be completed by the relevant Health Professional that is managing/leading the episode
e.g. GP/NP/Midwife/Clinical Nurse Specialist/Counsellor (may include RN in some cases)

CONSULTATION MUST TAKE PLACE WITHIN 5 WORKING DAYS OF THE EXAMINATION(S) AFFECTED.

I certify that (insert student full name) ___________________________ consulted with me on / / at (time) _______________ and also on (additional time if applicable) _______________________

and on the day(s) of, or from 2 weeks preceding the exam, the student suffered the following illness, injury, or other critical personal circumstance: ________________________________________

Presenting concern & symptoms:

Assessment findings +/- investigations done (If applicable):

Impression & Treatment/Plan (If applicable):

Additional notes (If applicable):

PRACTITIONER PLEASE READ: The special consideration procedure requires that sufficient detail be provided to make it clear that the student was not responsible for the illness or disability and to make possible the refereeing of the application by the University’s Health Team.
All students should be advised to attempt their exam unless their impairment is VERY SERIOUS.

Practitioner please read the below examples outlined by University of Waikato Student Health Services.

**Examples of VERY SERIOUS impairment** (please use clinical judgment)

**MEDICAL APPLICATIONS**
- Acutely unwell with abnormal vital signs and/or other assessment findings (~24hrs pre/post exam date)
- Hospitalisation / surgery
- Cancer diagnosis/treatment
- Serious/new injury causing significant limitation in physical/mental state

**COMPASSIONATE APPLICATIONS**
- Significant life event, that has had severe impact on the person
- Severe mental health challenges
- Severe exacerbation of existing mental health challenge (may include but not limited to secondary care input, hospital admission)

Please indicate the students’ degree of impairment based on your assessment

<table>
<thead>
<tr>
<th>Degree of Impairment</th>
<th>Select X</th>
<th>Date Applicable</th>
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<tbody>
<tr>
<td>VERY SERIOUS IMPAIRMENT</td>
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<td>such that the student was unable to attempt and/or prepare for the exam(s)</td>
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<td><em>(I recommend that the student NOT sit the exam)</em></td>
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<td>Serious impairment</td>
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<td>Such that the student was probably unable to prepare adequately for the exam(s) OR the student was able to attempt and prepare for the exam(s), with substantial reduction in performance likely. <em>(The student should still attempt/have attempted the exam)</em></td>
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<td>Moderate impairment,</td>
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<td>Such that the student was able to attempt and prepare for the exam(s) with some reduction in performance likely.</td>
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<td>Mild or no impairment</td>
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<td>Such that the student was able to attempt and prepare for the exam(s) with performance minimally affected.</td>
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Date: / /

Signed: (registered health professional/counsellor) ____________________________________________
Name: (please print) ____________________________________________
Title/Qualification: ____________________________________________
Address: ____________________________________________