

**To be completed by Doctor/Counsellor/Midwife/Other Health Professional**

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

I certify that \_\_\_\_\_ Student ID Number \_\_\_\_\_ consulted with me  
on / / at (time) \_\_\_\_\_ and also on (additional time if applicable) \_\_\_\_\_

**and on the day(s) of, or preceding the exam the student suffered the following illness, injury, bereavement, or other critical personal circumstance:**

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**Practitioner please note:** The special consideration procedures require 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 doctors and/or Counsellors.** Please give objective data as appropriate (clinical findings, special examinations, tests, etc). If the student is suffering from an exacerbation of chronic illness, please comment accordingly.

**Please indicate the level of impairment you assess the student to be suffering by ticking below:**

Degree of Impairment (Please note that more than one box may apply when the application spans multiple days).		Dates Applicable (When the application refers to impairment over multiple days).
<b>Very serious impairment</b> , such that the student was unable to attempt and/or prepare for the exam(s) <i>(I recommend/ed that the student NOT sit the exam.)</i>	<input type="radio"/>	
<b>Serious impairment</b> , such that the student was probably <b>unable to prepare adequately</b> for the exam(s) <b>OR</b> the student was able to attempt and prepare for the exam(s), with <b>substantial reduction in performance</b> likely. <i>(The student should still attempt/have attempted the exam.)</i>	<input type="radio"/>	
<b>Moderate impairment</b> , such that the student was able to attempt and prepare for the exam(s) with some reduction in performance likely.	<input type="radio"/>	
<b>Mild or no impairment</b> , such that the student was able to attempt and prepare for the exam(s) with performance minimally affected.	<input type="radio"/>	
The student mistook the time (please make note of any mitigating circumstances.)	<input type="radio"/>	

**PLEASE CONTINUE TO NEXT PAGE AND SIGN.**

**Date:**     /     /

**Signed:** *(registered medical professional/counsellor)* \_\_\_\_\_

**Name:** *(please print)* \_\_\_\_\_

**Address:** \_\_\_\_\_

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