



QUAKERS HILL HIGH SCHOOL

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PRINCIPAL: Mr Andrew Skehan



Medical Certificate

To be completed by an independent professional authority

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVING DOCUMENTATION

Your help in providing information regarding this student's illness is appreciated. This information will assist Quakers Hill High School in the assessment of this illness application.

I _____, a legally qualified medical practitioner,
certify that on _____ (date) examined _____ (patient's name)

☐ The patient is suffering from _____
(Diagnosis provided with patient's consent where possible)

☐ The patient is suffering from a medical condition of a confidential nature

In my opinion, this condition will affect the completion of the following: (please tick)

For the period of: _____ to _____

	In minor way	Moderately	Severely
CLASS ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITTEN TASKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRACTICAL TASKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXAMINATIONS: The student is unable to sit for examinations on: _____

OTHER REMARKS

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Details of Independent Professional Authority

(OR STAMP)

Name: _____

Profession: _____

Provider Number: _____

Address: _____

Contact Number: _____

Signature: _____