



EMMANUEL
ANGLICAN
COLLEGE

Learning ~ Living ~ Leading

Illness Supporting Documentation (Section B)

To be completed by a Professional Authority

TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION

Your help in providing information regarding this student's illness is appreciated. This information will assist Emmanuel Anglican College in the assessment of the student's Special Consideration Request.

A medical certificate must be attached to this form.

Student Name:

Date(s) on which the student was seen:

Nature of illness:

(Attach an additional statement if necessary)

Date(s) or period(s) of illness:

From:

To:

Please describe how the student's condition/symptom could impact their examination performance or their ability to complete the assessment on the set date. (If the student was unable to attend an examination, it is essential to provide full details in the space below or attach an additional statement.)

Assessment of severity of illness (Please tick scale as appropriate):

Mild

Moderate

Severe

Your opinion of likely impact on the student's capacity to undertake the assessment (Please tick scale as appropriate):

Mild

Moderate

Severe

Professional Authority

Name:

Profession:

Address:

Contact Phone Number:

Signature:

Stamp:

Date: