

## When to use this form

This form can be used when a Medical Certificate is required as supporting documentation for Withdrawal Without Financial and/or Academic Penalty applications. The information requested in this form assists with meeting QUT and legislative (HESA 2003) requirements.

## Completing and returning this form

**All sections of this form marked by a \* must be completed for the form to be accepted** mark appropriate answer boxes with a cross (X). Return this form and any supporting documents by giving it to your patient to submit.

### SECTION 1: PERSONAL DETAILS (Student to complete)

Student ID number\* Date of birth\*  
dd/mm/yyyy

Given name/s\* Daytime contact phone number\*

Family name\*

Type of circumstances (*Health condition, Family or personal, Employment related or Course related*)

### SECTION 2: PROFESSIONAL ASSESSMENT (Registered practitioner to complete)

The above named patient has/had a condition that commenced on\*

My assessment of the patient's condition is based on (please select one)\*

My professional opinion and/or my review of patient health records

Information or history stated by the patient

The patient is/was unfit for studies from\*  
until\* or ongoing

Date of consultation\* dd/mm/yyyy

Did the patient's condition worsen, not improve as expected or not make its full effect until a later date?

No  Yes

If yes, what date did the condition worsen, not improve as expected or make its full effect until a later date

dd/mm/yyyy

Please explain how the patient's condition impacted their ability to complete the requirements of their studies. (*Note: details of the symptoms and/or the condition itself are not required unless the patient gives permission to disclose.*)

How does the patient's condition affect their ability to study? (please select one)\*

The patient is/was unfit to undertake any study requirements

The patient can/could partially undertake some study requirements but needs to reduce the number of units they are undertaking to manage their condition.

The patient is/was able to undertake their usual study requirements

*Details of QUT's practices regarding student information and privacy are available from QUT's privacy webpage.*

### SECTION 3: PRE-EXISTING CONDITIONS (Registered practitioner to complete if the condition is considered pre-existing)

When was the first instance of the condition

Is the patient experiencing an exacerbation of their condition?

No  Yes

Is the exacerbation of the condition considered unusual, uncommon or abnormal for the patient?

No  Yes

### SECTION 4: ADDITIONAL INFORMATION (Registered practitioner to complete)

Please provide any other relevant information regarding the patient's condition

### SECTION 5: REGISTERED HEALTH PROFESSIONAL DECLARATION (Registered health professional to complete)

Health professional name\* Title of profession\*

Practice name\* Registration number (if applicable)

Practice address\*

Contact phone number\* Contact email address\*

Health professional's signature box\* Date\*  
dd/mm/yyyy

## Section 1: Personal Details

Patient to complete their details prior to the appointment. Details (other than Student ID) to be checked by the Health Professional.

## Section 2: Professional Assessment

### Date the condition commenced

- The patient's condition could have first commenced either:
  - At the same date the patient was unfit for studies from.
  - An earlier date to when the patient was unfit for studies from.
  - Prior to your date of consultation.

### Assessment of patient's condition

- It is important to confirm whether the information provided is based on your professional opinion and/or review of the patient's health records, or if it is based on information provided by the patient.
- Information stated by the patient can help us understand their circumstances, but it is usually insufficient on its own to support a withdrawal without penalty application.

### Dates the patient was unfit to study

- Please provide specific dates the patient was/is unfit to study.
- For some conditions, the exact start and end dates may be unclear. Please provide dates that best reflects when the patient was/is unfit for study.
- The date the patient was unfit for studies might differ from the date the patient's condition commenced.
- If the patient's condition is still ongoing, please check the "ongoing" box and leave the end date blank.
- If the patient was unfit to study for multiple periods, please provide details of each additional period in Section 4.

### Date of consultation

- This is the date you consulted with the patient to verify the details provided in this form.
- If you initially saw the patient when they were unwell and they returned later to complete this form, record the date of the initial consultation.
- NOTE: the date you sign this form (in Section 5) will indicate when it was completed.
- If there were additional consultation dates that informed your assessment of the patient, please include these details in Section 4.

### Worsening of patient's condition

- If the patient's condition worsened, did not improve as expected or make its full effect until a later date, this may occur after key university dates and support the student's decision to withdraw or their inability to withdraw from their studies.
- The date should be after their condition commenced and/or after they were deemed unfit for study.

### Impacts of the condition and how the patient's study was impacted.

- Examples of impacts on study are inability to focus, unable to travel, impaired decision making, lack of concentration, difficulty retaining information, unable to effectively manage time, unable to leave their residence, incoherent flow of thoughts.

### Patient's ability to study

- Please indicate the degree in which the patient's ability to study is impacted.
- Some conditions can be managed with a reduced study load, while others may prevent any study.

## Section 3: Pre-existing Conditions

### First instance of the condition

- This should be the date the patient was first diagnosed with the condition.

### Exacerbation of condition

- This indicates if the condition was being managed prior and whether the period of being unfit to study is due to an exacerbation of their pre-existing condition.

### Worsening considered unusual, uncommon or abnormal

- Consider what has caused the exacerbation, rather than the underlying condition.
- Is a new cause or trigger contributing to the exacerbation in this instance? If so, answer Yes.

## Section 4: Additional Information

- Please provide any additional information that will help us understand the patient's situation, particularly in relation to the impacts to their studies.
- If there is not enough space on this form, please attach an accompanying letter.

## Section 5: Health Professional Declaration

- Please provide your registration number if your profession requires registration/accreditation.

We'd love to hear from you! Scan the QR code to provide feedback on this form



*This survey  
is anonymous*