

**STUDENT MEDICAL/MISADVENTURE CERTIFICATE**

*Purpose of this certificate*

This form is used by students to apply for illness/misadventure in exams or other assessable work in their studies at Canterbury Girls High School. Approval of applications is granted to students who are legitimately disadvantaged in their assessment due to factors beyond their control. To enable the validity of applications to be evaluated, this form should be completed by a doctor, dentist, or other appropriate authority (e.g. police officer, solicitor)

**STUDENT NAME** \_\_\_\_\_

*I agree to Canterbury Girls High School requesting verification of the information provided on this certificate, if required.*

Student Signature \_\_\_\_\_ Contact No: \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Contact No: \_\_\_\_\_

**PRACTITIONER DETAILS (to be completed by the doctor, dentist or other relevant authority)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

Stamp of practitioner or organisation

I, \_\_\_\_\_, certify that I have seen  
\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_

***In my opinion, the student has a medical condition or is experiencing matters which did/will affect their studies as follows:***

	Tick as applicable	Provide applicable dates
Unable to attend classes		From ___/___/___ to ___/___/___
Unable to undertake private study		From ___/___/___ to ___/___/___
Unable to sit exams		From ___/___/___ to ___/___/___

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of practitioner \_\_\_\_\_ Date \_\_\_\_\_



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