

## ACA44a – Confidential Medical/Psychological Report (in support of Deferred Exam Application)

**IMPORTANT**

1. Please note that this form is only to be completed if you are requesting deferment on **medical/psychological grounds**. It is confidential and will be seen only by the Deferred Examination Committee.
2. Please note that if it is a recurring medical/psychological condition, **all the relevant reports** must be submitted to provide **evidence that you have been under professional care since the condition was first diagnosed**.
3. The consultation (which may be remote) must take place **before** or **on** the day of the exam.
4. This form should be submitted together with the [ACA44: Deferred Exam Application Form](#) as a single, combined PDF.
5. Read the [Student Wellness Services supplementary information \(ACA44aHLP\)](#).

**NOTE: A DOCTOR'S CERTIFICATE IS NOT SUFFICIENT – THIS FORM MUST BE COMPLETED IN FULL (i.e. [Section A](#) and [Section B](#) to be completed by the student applicant; [Section C](#) by the health professional).**

<b>SECTION A: STUDENT APPLICANT DETAILS</b>									
<b>Note:</b> To be completed by the student									
<b>A.1 Student Name</b>									
<b>A.2. Student Number</b>									

<b>SECTION B: DECLARATION AND INFORMED CONSENT GIVEN BY THE STUDENT APPLICANT</b>		
<b>Note:</b> To be completed by the student		
<b>B.1 I acknowledge that:</b>	The health professional does not have any influence on the decisions of the Deferred Examination Committee.	
<b>B.2 Student's informed Consent (name and surname)</b>	I, _____ hereby voluntarily request and grant permission to my healthcare practitioner to provide my diagnosis on this form, for the purpose of this application.	
<b>B.3 Student Applicant's Signature</b>		<b>Date</b> (dd/mm/yyyy)

<b>Student Name</b>											<b>Student Number</b>												
<b>SECTION C: MEDICAL/PSYCHOLOGICAL REPORT</b>																							
<b>Note:</b> To be completed by the health professional (in public or private practice, or at SWS)																							
<b>Date of consultation</b> (Date health professional consulted with patient, not the date of when the illness started)																							
<b>Type of consultation</b>												<b>In person</b>						<b>Remote</b>					
<b>Indicate any family relationship to student</b>																							
<b>Clinical information and diagnosis</b>																							
This is to certify that I have examined the above patient and according to my findings as I was informed the patient has been booked off ( <i>tick appropriate options</i> ).																							
<b>From</b> (dd/mm/yyyy)												<b>To</b> (dd/mm/yyyy)											
<b>Health Professional's Name</b> (Please print)												<b>Phone Number</b>											
												<b>Reg. Number and professional body</b>											
<b>Professional Qualification</b>																							
<b>It is within my scope of practice to book students off</b>												<b>YES</b>						<b>NO</b>					
<b>Address</b>																							
<b>Health Professional's Signature</b>												<b>Health Professional's Stamp</b>											