

A Medical Practitioner is to complete and submit this form providing evidence of a senior secondary student's illness or incapacity that makes them unfit to complete end-of-year exam/s.

Note the candidate has provided their consent for this medical information to be shared with TASC:

Name of GP / Hospital Doctor:

Address (hospital/clinic/surgery):

Phone number:

Suburb:

Registration number:

Postcode:

Please fill details above or use official stamp *HERE*.

I examined: Candidate Name _____ **Date of Birth** ____ / ____ / ____
at a medical consultation on Date ____ / ____ / ____

This must be the day of the candidate's exam(s), OR no more than seven (7) days before or two (2) business days after.

1. CANDIDATE IS/WAS UNFIT TO SIT THE EXAM(S).

Dates of their illness or incapacity – from ____ / ____ / ____ to ____ / ____ / ____

What is the medical diagnosis?

Provide all relevant information. The information you provide will be treated in the strictest confidence. TASC may contact you for further information if the specific diagnosis isn't clear.

Physical/medical impairment

Psychological impairment (i.e. anxiety/depression) beyond normal concern about exams

Other: _____

The condition is:

Ongoing (deterioration of long-term condition) OR Newly diagnosed or temporary

Specify the details of the above medical diagnosis and how it impairs the ability to complete the exam(s):

Additional medical evidence may be attached.

2. CANDIDATE IS/WAS FIT TO SIT THE EXAM(S).

It is my professional opinion that the candidate is or was FIT to sit for the exam(s) –
from ____ / ____ / ____ to ____ / ____ / ____

Signature of Medical Practitioner: _____ Date: ____ / ____ / ____

The medical practitioner **must** submit this form **directly** to TASC within three (3) days of the consultation.

Send to: results@tasc.tas.gov.au OR TASC Results (Medical Certificate), GPO Box 333, Hobart TAS 7000