



PENRITH SELECTIVE HIGH SCHOOL

An Academic Selective High School

PO Box 548 PENRITH NSW 2751
158 – 240 High Street PENRITH NSW 2750

Telephone: (02) 4721 0529/30
Facsimile: (02) 4721 2722

ILLNESS APPLICATION FORM

Important information for the student

- Only **one** health professional should complete this form. If multiple health professionals need to contribute information, each one should complete a separate form.
- Providing false or fraudulent information, including editing, or adding to the health professional's comments, is considered malpractice.

Important information for the medical/health professional

- **Students are required to attend all exams, unless it is not safe to do so, in accordance with medical advice.**
- PSHS's Illness process considers the specific impact of the situation on the student's performance in the assessment.
- Students who are unwell must seek independent medical advice either **immediately before or after** the assessment.
- Answer all questions based on your own professional opinion.
- Any fee for providing this report is the responsibility of the student.

A medical certificate that merely states the student was unfit for work/study may not be accepted.

Section I - Summary

Answer **all** fields in this form to support the consideration of the student's application.

Patient (student) name

Diagnosed medical condition

Date of onset/diagnosis of illness

In my opinion, this condition may affect the completion of the following: (please circle):

Class attendance	Unable to determine	Not at all	In a minor way	Moderately	Severely
Assessments	Unable to determine	Not at all	In a minor way	Moderately	Severely

Consequently, the student will be unfit for school from

___/___/___

to

___/___/___

Section II - Doctor or health professional details (or stamp)

Name

Profession

Qualifications/specialty

AHPRA Registration Number

Practice/organisation of employment

Phone number

Signature

Date

(Optional) Describe fully how the student's condition and symptoms will or have impacted their assessment performance (or the student's medical inability to complete an assessment on the scheduled day)



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MISADVENTURE APPLICATION FORM

Important information for the student

- Independent evidence must be gathered from a relevant person such as a police officer, fire brigade, roadside assistance etc. – if more than one, each should complete a separate form.
- Providing false or fraudulent information, including editing or adding to a professional's comments, is a breach of the HSC rules. The school's Malpractice Panel may deem this as malpractice and impose a penalty on the student's assessment results.

Important information from the relevant person

- The misadventure application considers the specific effect of an event or situation on the student's performance in the assessment or capacity to attend the assessment.
- Students who experience unforeseen misadventures that affect their performance in their assessment(s) must seek advice and evidence either immediately before or immediately after the assessment (this requirement applies separately to each assessment).

Section I - Summary

Answer **all** fields in this form to support the consideration of the student's application.

Student name

The student will be impacted from

___/___/___

to

___/___/___

Section II - Contact Information for the person completing this form and description of event

Name

Position of employment/relationship to student

Organisation/place of work (if appropriate)

Phone number

Signature

Date

Please describe in your own words, the misadventure that the student has or will experience. Include as much detail about the specific circumstances, answering the questions: what, where, how, and why the event or situation occurred has affected their performance or ability to complete an assessment on the scheduled day (if applicable).

Have you attached any other forms of evidence to support this application (police report, funeral notice)?

YES

No