



PENRITH 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
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ILLNESS AND MISADVENTURE ATTACHMENT

Doctor's Name: **Date:**

Address:

SECTION ONE *(please complete ALL sections)*

I certify that on the above date I examined:

Please tick ONE section:

The student is suffering from:

(Diagnosis provided with patient's consent where possible)

The student is suffering from a medical condition of a confidential nature.

SECTION TWO *(please complete ALL sections)*

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

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

The student is unable to sit for an examination/attend school on/during the below date/s:

.....

.....

Signature of medical practitioner

Doctor's Stamp – Include provider number