

1. IMPORTANT NOTE

Students applying for withdrawal without financial and/or academic penalty based on medical grounds should have a medical practitioner complete this form. This completed form is to be returned with your Application for Withdrawal Without Financial and/or Academic Penalty due to Special Circumstances. Please refer to the following link to view information on what constitutes as special circumstances:

<https://www.jcu.edu.au/students/fees-and-financial-support/withdrawal-without-financial-penalty-special-circumstances>.

2. STUDENT AUTHORITY FOR RELEASE OF INFORMATION

JCU Student ID*:

**Please enter your eight digit student ID, not JC number.*

Family name:

Given name:

I hereby authorise the medical practitioner to release the information given on this document.

Signature: _____ Date: _____

3. MEDICAL EVIDENCE

In order to assess your application, the medical certificate must state:

- The date on which the health practitioner examined you.
- The nature, severity and duration of the medical complaint (if pre-existing, evidence to be provided of how your medical complaint worsened).
- The health practitioner's opinion regarding the impact of the medical condition on your performance/ability to complete your subject/s.

Medical certificates must not be issued by a close associate or near relative.

4. MEDICAL CERTIFICATE

I, _____, a legally qualified medical practitioner, certify that on ____/____/____

I examined _____ (Patient's name in BLOCK LETTERS)

Date of Patient's appointments: _____

Date circumstances/illness commenced: ____/____/____ Date circumstances/illness no longer evident: ____/____/____

Date the circumstances/illness made full impact and/or worsened (for pre-existing conditions): ____/____/____

Briefly outline the circumstances/illness and how it impeded the Patient's ability to complete subject requirements: _____

If circumstances were pre-existing, please explain how the circumstances worsened: _____

Please outline how the student was unable to complete the relevant subject/s outlined within their application, however were able to successfully complete other subject/s within the same study period (if applicable): _____

Please tick the following that are applicable:

- ☐ The Patient's circumstance/illness is deemed to be beyond the Patient's control.
- ☐ The Patient's circumstance/illness worsened and/or made full impact **after** the census date in question.
- ☐ The Patient's circumstance/illness impeded the Patient's ability to successfully complete subject requirements.

Doctor's Name: _____ Doctor's Practice: _____ Date: ____/____/____

Doctor's signature: _____ Are you this Patient's regular Doctor? ☐ Yes ☐ No