

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.

Completing this TASC Medical Certificate form is preferred. If this form is not used, all information required in this form **must** be included within the medical certificate or supporting documentation.

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.

I examined: Candidate Name _____ **Date of Birth** ____ / ____ / ____
at a medical consultation on Date ____ / ____ / ____ **TASC ID (if known)** _____

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

The candidate's condition is/was severe enough to prevent exam attendance, or substantially impair exam performance: ☐ Yes OR ☐ No

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 candidate's ability to complete the exam(s):

Additional medical evidence may be attached.

Signature of Medical Practitioner: _____

Date: ____ / ____ / ____

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

Send to: results@tasc.tas.gov.au [email **must** include the student's full name and DOB, and TASC ID (if known)] OR

TASC Results (Medical Certificate), GPO Box 333, Hobart TAS 7000