



Year 12 HSC Illness Claim Form – Independent Evidence

This form is used by Port Hacking High School to confirm and evaluate the impact on the student's functioning in OR their ability to attend an assessment task or exam.

Students should attend all assessment tasks or exam. Students who are unwell must seek independent medical advice either immediately before or immediately after an exam.

IMPORTANT: A back dated claim will not be accepted.

- An appropriately qualified health professional must complete this form. They must not be related to the student or have a relationship that could be seen as a conflict of interest.
- Only one health professional should complete this form. If multiple health professionals need to contribute information, each one should complete a separate form.
- Port Hacking High School will not accept this form if anyone other than the signatory has written on it.
- Digital signatures will not be accepted unless medically the student was only able to attend a telehealth appointment.
- Providing false or fraudulent information, including editing or adding to the health professional's comments, is a breach of the school's code of conduct and may be deemed malpractice. A penalty affecting student's HSC results may be imposed.

Health professionals:

- Any amendments to this form must be initialed and dated.
- Answer all questions based on your own professional opinion.
- The student has given permission for a member of the Port Hacking High School senior executive to obtain further information relating to the application from anyone completing this form.
- A medical certificate that merely states student was unfit for work/study is unacceptable.

Please note that any fee for providing this report is the responsibility of the student.

Patient's name	
Diagnosis of medical condition	
Date(s) and times of all consultations/meetings related to this illness	
Please describe how the student's condition and symptoms will or has affected their exam or assessment task performance OR their ability to attend an assessment task or exam.	

Any other comments or information which may assist in the assessment of the student's application.

Details of doctor or health professional who completed this form

PLEASE NOTE: Do not sign this form if anyone other than you has written on it.

Name:

Profession:

Qualifications/specialty:

AHPRA Registration Number:

Place of work/organisation:

Telephone:

Signature:

Date: