SPECIAL CONSIDERATION MEDICAL FORM

INFORMATION FOR STUDENTS – MEDICAL FORM

You apply for a special consideration online – https://www.canterbury.ac.nz/study/special-consideration/how-to-apply/

Complete PART A, and have your Health Professional complete PARTS B, C, and D. Following this please upload the completed (signed, dated and stamped) medical certificate, within **10** working days of the application submission date. Please note that any delay in submitting your supporting documentation may impact our ability to consider the grounds of your application.

In submitting a special consideration application, you acknowledge that the University of Canterbury reserves the right to verify the authenticity of the documentation with your Health Professional, and may conduct an audit.

You understand that if this documentation is alleged to be fraudulent, you may be referred for disciplinary action.

MEDICAL FORM INFORMATION

The medical form **must** be completed by a **registered Health Professional.**

(See Special Consideration Policy Appendix 6, for list of approved Health Professionals - this DOES include UC Health Centre Registered Nurses and Counsellors - https://www.canterbury.ac.nz/about/governance/ucpolicy/student/special-consideration-policy-and-procedures/Special-Consideration-Policy-and-Procedures-v.3.00.pdf)

Special consideration is specifically intended to support students who have **recently** experienced unexpected '**acute'** illness, or injury that is short-term in nature.

Students who have an ongoing or '**chronic**' illness or medical condition may not qualify for a special consideration but may instead be eligible for support via UC's **Te Ratonga Whaikaha | Student Accessibility Service**.

Where applicable, requests for special consideration **must** be supported with **medical evidence**.

Please issue the medical certificate in line with guidelines provided by your professional association, and only in respect of an illness, injury or extraordinary circumstance that you have observed, or been notified of.

All sections of the medical form should be completed. Please provide student name and ID on pages 2 and 3, where indicated.

Incomplete forms will not be accepted - please **check** you have included practitioners name, contact details, registration number, signature, stamp, and date.

PART A: DECLARATION - TO BE COMPLETED BY THE STUDENT

Name: _____

Student ID number: _____

Email address: _____

I am applying for ☐ Special Consideration (impaired performance)

☐ Special Consideration (missed assessment)

☐ Late Discontinuation/Withdrawal Without Academic Penalty

for the course assessment(s) listed (course code and assessment type required):

_____

Your Health Professional **must complete Parts B, C and D** on the following pages

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UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

PART B: CATEGORY OF HEALTH CONDITION - TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Student Name: _____ Student ID: _____

Date of Consultation: _____ Other relevant consultation dates: _____

The assessment of the student's condition was based on:

☐ An in-person examination of the student; **OR**

☐ Information provided by the student (not face-to-face)

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the student over this period:

_____

_____

_____

_____

_____

_____

In your opinion, please choose the **most** relevant option which describes if the student has:

☐ A Short-term / "acute" health condition or incident; **OR**

☐ A Chronic / ongoing health condition; **OR**

☐ An exacerbation / flare-up of ongoing health condition; **OR**

☐ Anxiety / stress, due to the assessment.

If the student was **absent from a test/exam** please indicate if the absence was **justified**:

☐ Yes; **OR**

☐ No; **OR**

☐ See information provided above.

LATE DISCONTINUATION / WITHDRAWAL WITHOUT ACADEMIC PENALTY

If the student is applying for a **Late Discontinuation / Withdrawal Without Academic Penalty**, please give the date it became apparent that the student could not continue with their studies for the impacted course(s):

_____

Please complete **Parts C and D** on next page

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PART C: IMPACT ON STUDY - TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Please evaluate the **severity** and **impact** of the relevant circumstances on the student's ability to perform academically.

Student Name: _____ Student ID: _____

Category (Please Tick)	Degree of Impact on Academic Functioning	Start Date	Anticipated End Date
6 - Severe	Completely unable to function at any academic level, i.e. unable to attend classes, or fulfil any academic obligations, such as complete assignments or sit an exam (e.g. bedridden, hospitalised, death of immediate family member, extreme trauma).		
5 - Serious	Significantly impaired in ability to fulfil academic obligations, i.e. unable to complete an assignment (after being granted an extension) or attend a test/examination (e.g. wisdom tooth extraction, glandular fever, hyperemesis gravidarum, severe migraine, death of close relative or friend). Students who are unable to attend an assessment due to being Covid-19 positive will fall into this category.		
4 - Moderate	May be able to fulfil some academic obligations but performance considerably affected, i.e. able to attend some classes, decreased concentration, assignments may be late (e.g. a virus which has caused some discomfort but does not severely impact the student's ability to sit an exam or to complete an assignment (after being granted an extension); fasting due to religious observance).		
3 - Mild	The impact of the condition is not serious and has not had a significant impact on the student's ability to complete the assessment/exam (e.g. cold, headache, hay-fever with no other associated conditions and where over-the-counter medication will resolve the issue with no serious impact to the student).		
2 - No impact	The condition does not have an impact on the student's ability to complete the assessment(s)/exam (e.g. normal range of anxiety about sitting an examination).		
1 - Undetermined	Applications for other critical circumstance, where a medical certificate cannot be provided or is not appropriate evidence. In these circumstances, the impact of the student's condition has been determined to be at least moderate or above and the application, therefore, approved.		

PART D: VERIFICATION DETAILS

I declare that I am not in any way related to the student.

I authorise UC to contact me or my office to confirm authenticity of this document.

Health Professional's Name: _____

Signature: _____

Email/Tel no: _____

Date: _____

Medical Practice Stamp or Practitioner Registration Number