SPECIAL CONSIDERATION MEDICAL FORM

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

THIS FORM MUST BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL
(see SC Policy Appendix 6 for a list of approved Health Professionals, which includes UC Health Registered Nurses and Counsellors)

Student Name: _____ Student ID: _____

Student Email: _____

Applying for: ☐ SC impaired performance ☒ SC missed assessment ☐ SC Late Discontinuation

Course code(s) and Assessment type(s) required: _____

Date of Consultation: _____ Other relevant consultation dates: _____

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

☐ In-person examination of student; **OR** ☐ Information provided by student (not face-to-face)

Description of the problem/illness/difficulty experienced by the student (information is strictly confidential):

_____

_____

_____

_____

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.

SEVERITY/IMPACT: Please evaluate the impact of the above circumstances on the student's ability to perform academically (description of severity/impact levels on next page):

SEVERITY RATING	AFFECTED SINCE (date)	AFFECTED UNTIL (date)
1 Undetermined	_____	_____
2 No impact	_____	_____
3 Mild	_____	_____
4 Moderate	_____	_____
5 Serious	_____	_____
6 Severe	_____	_____

LATE DISCONTINUATION: Please give the date it became apparent that the student could not continue with their studies for the impacted course(s): _____

HEALTH PROFESSIONAL DETAILS TO BE COMPLETED ON NEXT PAGE

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HEALTH PROFESSIONAL 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 Name: _____

Signature: _____

Email/Tel no: _____

Date: _____

Medical Practice Stamp or Practitioner Registration Number

DESCRIPTION OF SEVERITY/IMPACT LEVELS:

Category	Degree of Impact on Academic Functioning
1 Undetermined	Applications for other critical circumstance, where a medical certificate cannot be provided or is not appropriate evidence (e.g. national or international sporting commitments). In these circumstances, the impact to the student has been determined to be at least moderate or above and the application, therefore, approved.
2 No impact	The condition does not have an impact on the student's ability to complete the assessment(s) (e.g. normal range of anxiety about sitting an examination).
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(s) (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).
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 or submit an assessment; fasting due to religious observance).
5 Serious	Seriously 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).
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).