

STUDENT MEDICAL CERTIFICATE FOR SPECIAL CONSIDERATION

Information to assist with the completion of the certificate can be found on the reverse

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

PART B: CATEGORY OF HEALTH CONDITION TO BE COMPLETED BY THE MEDICAL PRACTITIONER

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 tick the most relevant option which describes if the student has:

<input type="checkbox"/> Short-term / "acute" health condition or incident	OR	<input type="checkbox"/> Diagnosis of chronic / ongoing health condition	OR	<input type="checkbox"/> Exacerbation of ongoing health condition	OR	<input type="checkbox"/> Anxiety/stress due to the assessment
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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)

If the student was absent from a test/exam please indicate if the absence was justified Yes **OR** No **OR** See above

PART C: IMPACT OF STUDY TO BE COMPLETED BY THE MEDICAL PRACTITIONER

Please provide an evaluation of the severity and impact of the relevant circumstances on the student's ability to study.

Category (Please Tick)	Degree of Impact on Academic Functioning	Start Date	Anticipated End Date
Severe	Completely unable to function at any academic level e.g. unable to attend classes, or fulfil any academic obligations (i.e. complete assignments or sit an exam) (e.g. bedridden, hospitalised, extreme trauma)		
Serious	Significantly impaired in ability to fulfil academic obligations i.e. unable to complete an assignment or attend a test/examination (e.g. wisdom tooth extraction, glandular fever, hyperemesis gravidarum, severe migraine, death of close relative or friend)		
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 has not a severe impact on the student's ability to sit an exam or to complete an assignment, fasting due to religious observance)		
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 pain with no serious impact to the student)		
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)		
Undetermined	Unable to assess the impact of the assessment item. The impact of the student's condition is not able to be determined.		

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.

Medical Professional's Name: _____

Signature: _____

Practice Email/Tel no: _____

Date: DD/MM/YYYY

Medical Practice Stamp or
Practitioner Registration Number

MEDICAL CERTIFICATE INFORMATION SHEET

The medical certificate must be completed by a Registered Health Practitioner. See Special Consideration Policy, Appendix 6, for list of approved Health Professionals (this includes UC Health Registered Nurse).

Thank you for taking the time to help the University of Canterbury (UC) assess the impact of the injury, illness or misadventure on this student. These guidelines have been written to help you, as a medical/health practitioner, to understand the purpose and use of the medical certificate in our special consideration.

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 circumstances that you have observed or been notified of.

The medical certificate is provided for use by UC students where a special consideration is being sought for:

- Impaired performance
- Missed assignment, test or examination; or
- Late discontinuation / withdrawal from a course without academic penalty on medical grounds.

The information you provide here will ensure that the assessment process is fair and equitable. It will also help us to determine the appropriate form of consideration such as, for example, an alternative assessment, derived grade or withdrawal from a course.

All sections of the medical certificate should be completed. Incomplete forms will not be accepted so please ensure that the following information is included:

- The practitioners name, contact details, provider or registration number and signature;
- The date of the consultation;
- An assessment by the medical practitioner of the duration and degree of impact on the student's ability to attend classed, study/sit exams, complete assessment tasks or the course; and
- The date the medical certificate was completed and signed.

Further information about UC's special consideration process can be found at <https://www.canterbury.ac.nz/special-consideration/>

INFORMATION FOR STUDENTS – MEDICAL CERTIFICATE

You must apply for a special consideration online by completing a [special consideration application form](#) and uploading, if applicable to your application, this signed medical certificate within 10 working days of the application submission date.

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.

Applying for a special consideration does not guarantee that special consideration will be granted. While your application is being assessed, you should continue your assessment task to the best of your ability and submit it as soon as you are able. Even if a special consideration is approved an academic remedy may not be applied.

For long-term or ongoing medical circumstances (known as 'chronic conditions') please contact [Te Ratonga Whaikaha | Student Accessibility Service](#) for support.

In addition to special consideration UC also offers a range of support services including academic, financial and legal support. Please visit [Support Services](https://www.canterbury.ac.nz/support/) (<https://www.canterbury.ac.nz/support/>) for more information.

Please note that if you are registered with a Health Centre you do not need to see the doctor you are registered with to obtain a medical certificate. It is ok to see any doctor at a Health Centre to obtain a medical certificate.