Health or other Declaration for Special Consideration Applications

INSTRUCTIONS FOR RETURN OF DECLARATIONS

1. **For internal assessment and attendance requirements** – return the completed form to your Department or School. As Part B may not be required, check your course information or contact your Department or School.)
2. **For final examinations** – refer to Examinations webpage, http://www.otago.ac.nz/study/exams/index.html

PART A: DECLARATION TO BE COMPLETED BY THE APPLICANT

Name: _____ **Student ID:** | | | | | | | |

Module, course work affected: *(e.g. test, assignment, attendance for terms requirements, practicum placement)*

_____

Dates/period of time when your course work/study has been affected: _____

Describe your problem in general terms:
(note: confidential personal details are not required here) _____

_____

_____

_____

The information which I have provided is correct and complete to the best of my knowledge. I give my consent for my health professional to disclose health information relevant to my claim to relevant officers of the University. I understand that this disclosure is limited to health information related to my claim.

Signature of Student: _____ **Date:** _____

PART B: MEDICAL CERTIFICATE TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Dates incapacitated: _____

☐ I have insufficient information with which to form an opinion (see comments below)

Comments: _____

_____

_____

_____

Health Professional Details (relating to Section B only)

_____ _____

Name (Please print) **Profession**

_____ _____

Signature **Date**

Name, address and telephone number of medical practice:

_____

_____

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_____

CERTIFIER'S STAMP