

## IndependentEvidence of Illness/Misadventure

For appeals based on illness, this section will normally be completed by a doctor or other health professional. In the case of misadventure, it may be completed by another person, e.g. a police officer, counsellor. **This person should not be related to the student.** 

Evidence such as a Medical Certificate may be attached (stapled) to this page.

## Attention: Health Professionals, Counsellors, etc.

For the circumstances of the student's absence to be accurately assessed, the following information is required:

## In case of illness:

- The date of the onset of the illness, plus any additional dates of consultation
- A description of the student's symptoms
- An indication of the duration of the condition
- The likely impact of the condition on the student's test performance

## In the case of misadventure:

- The date and time of the occurrence, and subsequent events
- A description of the occurrence

Independent Evidence of Illness or Misadventure		
(Please ensu	ure you have read the instructions above. If this space is insuff	cient, please attach a separate sheet)
Student Name:	:	
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Please complete	this section carefully. You may be contacted if additional infor	nation is required.
Name:	Profession:	
Address:		
Telephone:	Signed:	Date: