

SUPPLEMENTARY MEDICAL STATEMENT

To be completed by the student's doctor or treating specialist on the day of student attends for consultation.

To the Doctor:

In accordance with VCAA policies we require students to have a medical certificate for absences that occur when the student has assessment tasks due on that day.

_____ is missing key assessment today. We would appreciate it if you could
(Name of student)
complete this form whilst the student is with you.

Students's name _____

School name _____

Date of consultation ___ / ___ / ___

Please comment on the likely effect of the illness/condition on the student's capacity to complete the assessment due today.

Other comments

Name of doctor/specialist providing this information _____

Profession _____ Contact telephone _____

Qualifications/speciality (if applicable) _____

Place of work/organisation _____ Ref/Provider No. _____

Signature _____ Date ___ / ___ / ___

(please also use practice stamp where possible)