

Application for Deferred Assessment Medical Certificate



To be completed by a qualified health professional

A student may apply for approval to defer an exam or completion of assessment on the grounds of serious illness or other circumstances preventing them from completing the assessment item.

Student

Surname

Student No

Health Professional

Name

Address

Consultation Date(s)

Stamp

Diagnostic statement on nature of condition

The student was

Unfit to sit for exams OR

Prepare assignments from _____ to _____

Student should be fit to resume studies/sit for exam from _____

Signed _____ Date _____