



This form is to be completed if seeking exemption from an exam, either in whole or part. It will be used as evidence towards your application to have derived exam ratings applied to your results.

PART A

TO BE COMPLETED BY THE CANDIDATE AND HANDED TO THE MEDICAL PRACTITIONER TO COMPLETE PART B.

TASC ID code

Family name Given names

Address

Email address

Contact number(s)

Externally assessed courses for which candidate is applying for derived examination ratings

COURSES	DATE OF EXAM
<input type="text"/>	<input type="text"/>

Medical practitioner details

Family name Given names

Postal address

Email address

Contact number(s)

Registration number

I hereby authorise the medical practitioner whose name and address appears above to provide the Office of Tasmanian Assessment, Standards & Certification (TASC) with a report on the nature of my illness or incapacity. I also authorise TASC to obtain, from this medical practitioner, such further information as is required by TASC to make a decision in regard to my application for derived examination ratings.

Candidate's signature

Date / /



PART B**TO BE COMPLETED BY THE MEDICAL PRACTITIONER**

(Please note the authorisation given on the previous page, and confirm your Registration number)

Date(s) and time(s) of relevant medical examination(s)

Nature of illness or incapacity

Where the candidate was examined by the medical practitioner on the day of TASC examination(s), or not more than seven days before, please complete either (a) OR (b) below:

- (a) The candidate's illness or incapacity was such that, in the professional opinion of the medical practitioner, his/her performance in examination(s) would have been seriously impaired for a period of _____ days from _____ / _____ / _____ (maximum 7 days prior to exam)
- (b) The candidate's illness or incapacity was such that, in the professional opinion of the medical practitioner, he/she was fit to sit for the examination(s) on the date(s) listed above.

Are there any further comments you wish to make in regard to this candidate's capacity to sit for his/her TASC examination(s)?

Signature _____

Date _____ / _____ / _____

**THIS FORM MUST
NOT BE RETURNED
TO THE CANDIDATE**

The medical practitioner must send this form directly to TASC within THREE days of the medical examination. Return to:

Executive Officer, Office of Tasmanian Assessment, Standards & Certification
GPO Box 333, Hobart, TAS 7001 or via email to execofficer@tasc.tas.gov.au