



Complete this form if you are 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.

SECTION A CANDIDATE DETAILS (to be completed by the candidate)

TASC ID code

Family name Given names

Address Postcode

Email address

Contact number(s)

Externally assessed courses you are applying for derived examination ratings

DATE OF EXAM	COURSE CODE	COURSE NAME	PRACTICAL OR WRITTEN?	DID YOU ATTEND THE EXAM? (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Candidate Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.

I authorise the medical practitioner whose name and address appears on the following page or the Tasmanian Government 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 discuss this application with any person who has signed this form or attachment, as is required by TASC to make a decision in regard to my application for derived exam ratings.

Signature of applicant Date / /

Signature of parent/guardian (if applicable) Date / /

<p>COVID-19 testing <i>(if applicable)</i></p>	<p>Through GP <input type="checkbox"/></p> <p>(GP to complete Section B and submit form to TASC)</p>	<p>Through Public Health Hotline <input type="checkbox"/></p> <p>(Candidate to submit form directly to TASC. Section B does not need to be completed as TASC will verify testing with the Tasmanian Government)</p>	<p>Not applicable <input type="checkbox"/></p>
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Receipt of this application by the Office of Tasmanian Assessment, Standards and Certification will be acknowledged by email to the address provided in *Section A: Candidate Details*.



SECTION B MEDICAL EVIDENCE (to be completed by the medical practitioner)

Please note the authorisation given on the previous page in the *Candidate Declaration* and provide your details below.

MEDICAL PRACTITIONER OR HEALTH PROFESSIONAL'S NAME	Please write details below or use official stamp.
NAME AND ADDRESS OF HOSPITAL/CLINIC/SURGERY	
CONTACT NUMBER	
REGISTRATION NUMBER	

The medical consultation date(s) should be on the day of, or no more than 7 days prior to the candidate's TASC examination(s).

I certify that I examined _____ on _____
name of candidate *date/s of consultation*

1. Candidate was unfit to sit the examination(s)

Date of illness or incapacity: From _____ to _____

What is the medical diagnosis?

Please note that you should provide all relevant information with this application and the information you provide will be treated in the strictest confidence. TASC may be required to contact you for further information.

- Physical/mental health impairment: _____
- Psychological impairment (i.e. anxiety/depression): _____
- Other (please specify): _____

The condition is: Ongoing Newly diagnosed or temporary

Please explain clearly how the above medical diagnosis impaired the candidate for the examination(s):

2. Candidate was fit to sit the examination(s)

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 in Section A.

Signature of medical practitioner: _____ 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