

A Medical Practitioner is to complete and submit this form providing evidence of a senior secondary student's illness or incapacity that makes them unfit to complete end-of-year exam/s.

Note the candidate has provided their consent for this medical information to be shared with TASC:

Name of GP / Hospital Doctor:

Address (hospital/clinic/surgery):

Phone number:

Suburb:

Registration number:

Postcode:

Please fill details above or use official stamp HERE.

I examined: Candidate Name _____ **Date of Birth** ____ / ____ / ____
at a medical consultation on Date ____ / ____ / ____ **TASC ID (if known)** _____
This must be the day of the exam(s), OR no more than seven (7) days before or two (2) business days after.

1. ☐ CANDIDATE IS/WAS UNFIT TO SIT THE EXAM(S).

Dates of their illness or incapacity – from ____ / ____ / ____ to ____ / ____ / ____

What is the medical diagnosis?

*Provide all relevant information. The information you provide will be treated in the strictest confidence.
TASC may contact you for further information if the specific diagnosis isn't clear.*

☐ Physical/medical impairment

☐ Psychological impairment (i.e. anxiety/depression) beyond normal concern about exams

☐ Other: _____

The condition is:

☐ Ongoing (deterioration of long-term condition) OR ☐ Newly diagnosed or temporary

Specify the details of the above medical diagnosis and how it impairs the candidate's ability to complete the exam(s):

Additional medical evidence may be attached.

2. ☐ CANDIDATE IS/WAS FIT TO SIT THE EXAM(S).

It is my professional opinion that the candidate is or was FIT to sit for the exam(s) –
from ____ / ____ / ____ to ____ / ____ / ____

Signature of Medical Practitioner: _____

Date: ____ / ____ / ____

The medical practitioner **must** submit this form **directly** to TASC within three days of the consultation.

Send to: results@tasc.tas.gov.au OR

TASC Results (Medical Certificate), GPO Box 333, Hobart TAS 7000