

TO BE COMPLETED BY THE STUDENT:

Student experiencing extenuating circumstances such as serious illness or other health issues that affected their performance in an assessment, quiz, projects, final exam, related assessments including attendance will need to lodge the professional authority form. Health related matters include serious illness or psychological condition, loss/bereavement, or hardship/trauma. This will allow WIN Higher Education to assess the impact of the extenuating circumstances in your studies at WIN. In signing this form, the student declares that he/she consulted with the professional authority and that the student conforms with the rules and policies at WIN Higher Education.

Student Number: _____ Last Name _____ First Name _____ DOB _____

Student Signature: _____ Date: _____

TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER, PSYCHOLOGIST, COUNSELLOR, OR OTHER HEALTH PRACTITIONER:

Your help in providing the information regarding the student's health issues is appreciated. Please describe the nature and seriousness of the student's issue to allow us to assess the impact of the illness or extenuating circumstances on the student's studies.

Please indicate below your assessment of the severity, duration, and effect on the student's ability to attend classes, study, learn, and/or complete an assessment requirement.

Severity of health issues impacting on study	Please tick box as appropriate	Duration/Period FROM (dd/mm/yyyy)	Duration/Period TO (dd/mm/yyyy)
Totally unable to study	<input type="checkbox"/>		
Severely affected	<input type="checkbox"/>		
Moderately affected	<input type="checkbox"/>		
Slightly affected	<input type="checkbox"/>		
No impact	<input type="checkbox"/>		
Not assessable	<input type="checkbox"/>		

PROFESSIONAL AUTHORITY'S RECOMMENDATION (IF APPLICABLE) PLEASE TICK THE BOX:

Student to Reduced Study Load to: three (3) subjects; two (2) subjects

Student to take leave/defer from studies: Yes No

Date of Consultation		Name	
Profession		Medicare Provider No.	
Phone		AHPRA Reg. No.	
Address			

I authorise Wentworth Institute of Higher Education to contact me or my office to confirm authenticity of this document.	Signature of Professional Authority:
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[AMA Guidelines on Medical Certificates 2011 Revised 2016](#)
[Good medical practice: a code of conduct for doctors in Australia – October 2020](#)