



# Newtown High School of the Performing Arts

## Medical Certificate

The school requires a student to notify their doctor that they are using this medical certificate to claim illness or misadventure for a scheduled Stage 6 assessment task or requesting time off school immediately before an assessment task. If your stamp, including provider number, is not used on this certificate, your practice may be contacted to verify its validity.

**Doctor's Name/Stamp:** ..... **Date:** .....

**Address:** .....

I ....., a legally qualified medical practitioner in NSW, certify that on the above date, I examined .....  
*(Patient's Name)*

- The patient is suffering from .....
  - The patient is suffering from a medical condition of a confidential nature.
- (Diagnosis provided with patient's consent where possible)

In my opinion this condition will affect the completion of the following: (please tick)

	In a minor way	Moderately	Severely
<b>Class Attendance</b>			
<b>Written Assignments</b>			
<b>Practical Assignments</b>			
<b>Private Study</b>			

for the period ..... / ..... / 20 ..... to ..... / ..... / 20 .....

**Examinations:** I certify that the student is medically unfit to sit for examination/s on: .....

Any other remarks:

.....  
 .....  
 .....  
 .....  
 .....

Place stamp here

**Signature of Medical Practitioner**