

Student medical certificate

To be completed by a registered medical practitioner or nurse practitioner

Thank you for providing information to assist Southern Cross University (SCU) in assessing the impact of this student's circumstances on their ability to attend work integrated learning (WIL) within the Faculty of Health. WIL activities can include placements, field education, simulation and labs. By completing this form you are confirming that the student has been impacted by a health condition, and that SCU can make contact to verify authenticity.

Who can complete this form — Only a registered medical practitioner (a doctor registered with the Medical Board of Australia, including GPs and specialists) or a nurse practitioner (a registered nurse with nurse practitioner endorsement from the Nursing and Midwifery Board of Australia) can complete this form. Both are verifiable on the Ahpra public register. A registered nurse without that endorsement cannot.

Student details

Surname

Given name

Student ID

Course

Practitioner details

Practitioner type ☐ Medical practitioner (doctor) ☐ Nurse practitioner

Name

Practice stamp

Ahpra registration number

Practice address

Phone

Practitioner declaration

☐ The above-named student consulted me on
and, based on an examination of the student, it is my professional medical opinion that they had, or have, a
condition that impacted, or will impact, their ability to attend WIL between
 and (inclusive).

or

☐ The above-named student attended an appointment with me on
that impacted their ability to attend WIL.

Additional information

Signature

Practitioner signature

Sign here, or insert a signature image

Date (DD/MM/YYYY)