

# Elite Education Institute Pty Ltd trading as Elite Education Institute

ABN 65 162 298 580 CRICOS Provider Code:03390A  
Sydney CBD Campus: Level 5, 770 George St Sydney NSW 2000  
Sydney CBD Campus: Level 6, 8 Quay Street, Haymarket NSW 2000  
North Sydney Campus: Level 2, 1 James Place, North Sydney, NSW 2060  
Melbourne Campus: Level 5, 601 Bourke Street, Melbourne, VIC 3000  
Tel: +61 2 9211 4958 (City Campus); +61 2 99575588 (North Sydney Campus)  
Website: [www.ee.edu.au](http://www.ee.edu.au) Email: [admission@ee.edu.au](mailto:admission@ee.edu.au)



## PATIENT CIRCUMSTANCES AND IMPACT

I, , a currently registered and approved Health Care Professional, examined the below mentioned patient as outlined in the following:

Patient's FULL Name (BLOCK LETTERS ONLY)

Dates patient has been examined:

Date:

Date:

Date:

(Please tick and complete one of the following categories in addition to **either Section A or B** below)

The patient

- is suffering from \_\_\_\_\_ based on an examination of the patient  
**OR** *(diagnosis to be provided with patient consent where possible)*
- is suffering from a medical condition of a confidential nature based on an examination of the patient  
**OR**
- states that he/she was \_\_\_\_\_

**SECTION A:** Please complete this section if the student is seeking **DEFERRED EXAMINATION/S** on medical grounds

In my opinion the patient's medical condition is severe enough that it prevents them to sit their examination/s; within the period

DD / MM / YYYY to DD / MM / YYYY (dates)

Additional Information (if required) \_\_\_\_\_

**SECTION B:** Please complete this section if the student is seeking a **withdraw, deferral, reduce study load, assignment extension or leave of absence.**

In my opinion the patient's medical condition will affect the following: (please tick)

	Unable to assess impact	Not affected	Moderately affected	Severely affected
Lectures/Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

within the period DD / MM / YYYY to DD / MM / YYYY (dates)

Additional Information (if required) \_\_\_\_\_

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## HEALTH CARE PROFESSIONAL DETAILS

I declare that I am not a family member and do not have a close or personal relationship with this patient. I authorise Elite Education Institute to contact me or my office to confirm authenticity of this document:

Signature of Health Care Professional: \_\_\_\_\_

Date\*: DD / MM / YYYY

\* This is the date that the certificate was written and issued.

Either	Health Care Professional's Stamp:	or	If the stamp does not contain all of the following, please complete as appropriate:	
			Health Care Professional's name	
			Provider number	
			Address of practice	
			Telephone number	

## ELITE EDUCATION INSTITUTE MEDICAL CERTIFICATE INFO SHEET

This Medical Certificate is provided for use by students of Elite Education Institute in the following circumstances:

- where deferred assessment is being sought on medical grounds
- where an extension on the due date for submission of an assignment is being sought on medical grounds
- as supporting documentation with a request for withdrawal, deferral or leave
- where a reduced study load is sought
- in all other circumstances relating to this Institute where documentary evidence is required of a medical condition

**IMPORTANT NOTICE: It should be noted that STRESS OR ANXIETY associated with exams will not normally be considered unless it has a psychologist / psychiatrist's report lodged with the certificate.**

### ALL sections of the form must be completed. Important Notes:

1. This Medical Certificate is a legal document and must not be backdated.
2. Students unsure about appropriate use of Elite Education Institute's Student Medical Certificate should consult the Student Support Office.
3. Provision of this certificate does not mean that requests are automatically agreed to. Decisions will be made taking account of all available information.
4. In all cases the Certificate must contain the Health Care Professional's stamp where indicated, or, the Health Care Professional's contact details and their Provider Number.
5. Elite Education Institute staff may need to verify information provided on this certificate with the relevant Health Care Professional.

## Elite Education Institute Pty Ltd trading as Elite Education Institute

ABN 65 162 298 580 CRICOS Provider Code: 033390A  
Sydney CBD Campus: Level 5, 770 George St Sydney NSW 2000  
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Students applying for deferred examination/s **on medical grounds** must submit the Elite Education Institute's Medical Certificate, completed by a currently registered and approved Health Care Professional stating:

- the date on which the Health Care Professional examined the student
- the severity and duration of the complaint
- the Health Care Professional's opinion of the effect of the complaint on the student's ability to undertake the assessment item.

Please do not request or submit a Medical Certificate if seeking to defer an examination on compassionate rather than medical grounds.

**Compassionate grounds** might include:

- death of a family member or close relative
- serious illness of a family member or close relative
- involvement in an accident where this does not involve injury (if injured a medical certificate would be appropriate)
- significant and unexpected employment problems or pressures
- significant relationship problems

**Appropriate independent documentary evidence for compassionate grounds** might include:

- bereavement notice
- letter from employer, professional or practitioner on letterhead.
- copy of accident report

**Any request for deferral, leave or extension can only be assessed when SUFFICIENT EVIDENCE is provided with the request as outlined above.**

## FAKE MEDICAL CERTIFICATES WARNING

Elite Education Institute understands that sometimes the stress to meet deadlines or the pressure of sitting exams becomes too difficult for some students.

In the past, this has led some students to forge or falsify medical documents and certificates (or purchase falsified documents online) in order to obtain special consideration. Elite Education Institute does not tolerate **FRAUD or FAULSIFYING DOCUMENTS**.

DO NOT, under any circumstances, forge or falsify medical documents in order to obtain special consideration. Falsifying documents is considered fraud and treated seriously. If you are caught falsifying medical documents for ANY REASON you are likely to have your *enrolment terminated immediately*.

Faking Documents is a serious offence. DO NOT USE FAKE DOCUMENTS.

## PROTECTING STUDENT PRIVACY

Elite Education Institute (EEI) may collect personal information about you, including the information on this form. EEI collects this information for the purpose of providing services to you and facilitating EEI's internal business operations, including the fulfilment of any legal requirements. If the personal information you provide to EEI is incomplete and/or inaccurate, EEI may be unable to provide you with the services you are seeking. You may access EEI's Privacy Policy at [www.ee.edu.au](http://www.ee.edu.au).