

**SICKNESS AND/OR MISADVENTURE FORM  
FOR EXAM ONLY**

**Section A - Students Details**

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Student Name: \_\_\_\_\_

SCSA Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Phone Number: \_\_\_\_\_

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Date*

**Section B – Course Details -- to be completed by the STUDENT**

**Complete all details below:**

Date of Exam	Course	Details of effect on performance/attendance	Did you attend the exam? YES/NO

**Section C – Misadventure evidence (non-medical only) - to be completed by an independent witness**

If the misadventure or event is of a non-medical nature, the details should be recorded here by an independent witness. Any relevant information or supporting evidence must be written below or attached.

**Witness details**

*Note: the witness must not be related to the student and may be contacted if further information is required.*

Name (block letters): \_\_\_\_\_

Relationship to student/relevance of information:  
(eg teacher, neighbour, police officer) \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Misadventure details:

**Section D – Medical evidence – to be completed by the medical practitioner/registered health professional**

*This section must be completed if an student’s claim on medical or psychological grounds is to be considered.*

Medical Practitioner/Health Professional's Name:  
Name and address of hospital/clinic/surgery:

I certify that I examined \_\_\_\_\_ on \_\_\_\_\_  
**Name of student** **Date/s of consult**

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application).

Please explain how it impaired the candidate for the examination.

Dates of onset and functional resolution of condition:

FROM

TO

Category of Illness:  Mild  Moderate  Severe  Chronic

**Notes for Medical Practitioner**

1. Any sickness should be of an acute or sub-acute nature with onset up to two weeks prior to the written examination. (Please give details above)
2. Sickness in the two weeks prior to the written examination, which could interfere with preparation for the examinations, may be accepted as well as sickness occurring during the actual examinations.
3. Sickness of a chronic nature is not acceptable. Candidates were able to apply for special examination arrangements if they suffered any chronic sickness or handicap. Applications for these arrangements should have been made earlier in the year.
4. Sickness can include acute emotional upsets such as bereavements or serious illness in the family. It does **not** include emotional traumas such as panic attacks or stress due to the examinations.
5. Details of any sickness should include a brief history, essential clinical findings such as **fever** or **rashes**, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of function relevant to the sitting of an examination. Where relevant, the following additional evidence is required: URTI – details of specific complications, Glandular fever – **blood test results**. Chronic glandular fever must have evidence of impact during exams.
6. Independent medical evidence is required in Section D (above) and should not be provided by a relative of the applicant.
7. If you would like to discuss this application further, please contact the school.

I consider the above sickness to be of a temporary nature and as result I consider that the student is/was

disadvantaged because of temporary sickness when studying for exams between

and

disadvantaged because of temporary sickness when sitting exams between

and

unfit because of temporary sickness to sit exams held/to be held between

and

Signature of medical practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section E– Sickness Categories – a reference for the medical practitioner/registered health professional**

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The categories and sub-categories to be used are:

- A: Upper respiratory tract infections**
  - A Glandular fever (Infectious Mononucleosis)
  - B Influenza
  - C Pharyngitis/URTI
  - D Tonsillitis
  - E Sinusitis
  - F Ear, nose and throat
- B: Food poisoning**
  - A Gastroenteritis
  - B Diarrhoea and vomiting
- C: Allergic diseases**
  - A Hay fever
  - B Asthma
  - C Generalised allergy
- D: Lower respiratory tract infections**
  - A Bronchitis
  - B Pneumonia
- E: Gastrointestinal tract disorders**
  - A Appendicitis
  - B Gall stone colic (pain)
  - C Haemorrhoids
  - D Gastritis
  - E Jaundice
  - F Gastroenteritis
- F: Injuries/accidents**
  - A Neck injuries/whiplash/head injury
  - B Shoulder/arm/wrist/finger (broken or injured)
  - C Back and pelvic injury/abdominal injury
  - D Fractured skull/jaw
  - E Leg/ankle/knee/foot (broken or injured)
  - F Multiple injuries
  - G Burns
- G: Psychological problems**
  - A Death of a parent
  - B Death of close friend/immediate relative
  - C Significant life event
  - D Psychiatric disturbance
- H: Neurological disorders**
  - A Epilepsy
  - B Generalised neurological disorders
- I: Infectious/contagious diseases**
  - A Chicken pox
  - B Mumps
  - C German measles
- J: Uro-genital tract disorders**
  - A Dysmenorrhoea (PMT/painful period)
  - B Urinary tract infection
  - C Gynaecological problems
- K: Rheumatic conditions**
  - A Back complaints
  - B Tenosynovitis (RSI)
  - C Joint complaints
- L: Headache**
  - A Migraine
  - B Tension headache
- M: Oral problems**
  - A Abscess of tooth/removal
  - B Impacted teeth
- N: Eye disorders**
  - A Eye fatigue/injury/infection/conjunctivitis
  - B Vision impairment
- O: Inadequate bodily reserves**
  - A Surgery
  - B Heat exhaustion/fainted
  - C Poor health
  - D Diabetes
- P: Viral diseases**
  - A Viral illness (temperature/headache)
  - B Severe Viralmia with Leukopaenia
- Q: Cancer**
  - A Tumour/cancer
- R: Pregnancy**
  - A Pregnancy/confinement
- S: Chest conditions**
  - A Chest infections/pain
- T: Bleeding disorders**
  - A Bleeding disorders/nose bleed
- W: Unknown**
  - A Unknown

**SCHOOLADMINISTRATION USE ONLY**

Supporting Evidence Attached

Yes

No

Notes:

APPLICATION APPROVED

YES

NO

If YES, course of action to be taken:

If NO - why:

Principal or Associate Principal:

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Name and Signature

Date