



ST JOSEPH'S CATHOLIC HIGH SCHOOL

Illness / Misadventure Form

(to be completed by the student)

Student's Name: Year

Teacher's Name: Subject:

KLA Coordinator:

Due date of Task: Date of Notification:

Type of Assessment (eg: Exam, in class task):

Was any staff member approached before due date? Yes No

Please provide details:

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Outline the nature of the misadventure:(Student or Doctor completed) Please indicate

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..... Signed: _____

Medical Certificate attached: Yes No

Other written evidence attached: Yes No

Student's Signature:

Parent's Signature:

(To be completed by the KLA Coordinator)

Action Taken:

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KLA Coordinator's Signature:

Curriculum Coordinator:



ST JOSEPH'S CATHOLIC HIGH SCHOOL

Illness / Misadventure Form

(Independent evidence of illness: to be completed by a medical practitioner)

Diagnosis of medical condition:

Date of onset of illness:

Date(s) and time(s) of all consultations/meetings relating to this illness:

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Please describe how the student's condition/symptoms could affect their examination/assessment performance. (If the student was unable to attend an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.)

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Any other comments or information that may assist in the assessment of the student's application misadventure. (If there is not enough space, please attach additional sheet(s).)

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Please note that any fee for providing this report is the responsibility of the student.

Name of Doctor or other health professional providing this information:

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Profession: Place of work/organisation:.....

Address:

Contact phone:.....

Signed:.....

Date:.....