

Queensland Academy for Creative Industries Summative IB Assessment

Summative International Baccalaureate Assessment affected. (To be completed by student)

Assessment Task	Issue Date	Due Date

Medical Certificate

To be used in the event of illness which may result in:

- a student's preparation for summative International Baccalaureate assessment being adversely affected
- their absence from a summative assessment exam or submission

The following is to be completed by a medical practitioner (please print)

- Registered medical practitioner
- Other (e.g. optometrist)
State occupation: _____

Please stamp OR print your name, degrees/special qualifications, address of practice and provider number.

I certify that I saw and examined

(given names)

on

(surname)

(if on more than one occasion, state dates of all relevant consultations)

and am of the opinion that the person is suffering from

(name of medical condition)

- I certify that this person's medical condition **will prevent / or has prevented** them from completing the task listed above.

AND / OR

- I certify that this person's ability **would be adversely affected** in the following ways by the medical condition when completing the task or preparing for the task.

Please list prescribed medications and any likely side effects, as well as any other relevant matters.

Attach further documentation, if necessary.

Signature: _____ Date: _____