



Churchlands Internal Examinations: Sickness/Misadventure Application Form

Before completing a *Sickness/Misadventure Application* form please read the following information carefully:

- Has your performance in a Churchlands examination been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period?
- Were you prevented from attending an examination due to sickness and/or misadventure?

If you answered YES to either, or both, of these questions then you should complete this form. The circumstances must have been beyond your normal control.

If your difficulties in sitting the examination are the result of any of the reasons listed below, then your circumstances fall outside the school's policy and guidelines for Sickness/Misadventure.

- Difficulties in preparation or loss of preparation time – for example, as a result of sickness during Year 12 unless in the two weeks prior to your first written examination;
- Alleged deficiencies in tuition;
- Long term illness such as asthma and epilepsy – unless, you have suffered an acute episode of your illness during the examination period;
- Misreading the examination timetable;
- Misreading examination instructions;
- Family holidays;
- Attendance at a sporting or cultural event.

If the application is accepted then the normal procedure is for the subject department to calculate an examination mark using your school performance as a basis.

Completion of the Form

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| Section A | Applicant Details: All parts of this section must be completed by the applicant. |
| Section B | Course Details: This section to be completed by the applicant personally. |
| Section C | Misadventure Evidence (non-medical): This section should be completed by a person not related to the candidate, who is a witness to the misadventure e.g. attending police officer. |
| Section D | Medical Evidence: This section must be completed by the medical practitioner or registered health professional, if the application is on medical or psychological grounds. |
| Section E | Sickness Categories: A reference for the Medical Practitioner/Health Professional |
| Section F | Covid Evidence: This section to be completed by the applicant |

The completed form and any supporting documentation must be given to the Associate Principal Senior School or the Senior School Coordinator as soon as possible following the exam.

Declaration

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

Signature of Applicant: Date:

Signature of Parent/Guardian (if applicable): Date:

Section A: Applicant Details – to be completed by the applicant

Surname: _____ First Name: _____ Form: _____

Address: _____ Postcode: _____

Home Phone Number: _____ Mobile: _____

Section B: Subject Details – to be completed by the applicant personally

1. Complete all details as required on Sickness/Misadventure Details (separate insert).

2. For each written and/or practical examination in which you are claiming special consideration (as indicated on insert), describe how your illness or misadventure affected your performance or prevented your attendance. Do **not** use dittos, or write 'as above'. All relevant information or supporting evidence **must** be written below or attached to this form.

Date of Exam	Subject	Details of Effect on Performance/Attendance	Did you attend? YES/NO

(Additional information may be attached.)

Section C: Misadventure Evidence (non-medical) – 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 other relevant information or supporting evidence **must** be written below or attached.

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*(Continuing, additional or supporting evidence should be attached.)***Witness details**

Note: The witness must not be related to the applicant, and may be contacted if further information is required.

Name (block letters):

Relationship to Applicant/Relevance of information:.....
(E.g. Teacher, Neighbour, Police Officer)

Address: Telephone: Daytime

..... Mob

Signed: Date: / /

Section D: Medical Evidence – to be completed by the Medical Practitioner/Registered Health Professional

This section must be completed if an applicant's claim on medical or psychological grounds is to be considered.

Medical practitioners are asked to note the comments at the bottom of this page before completing any certification.

Medical Practitioner/Health Professional's name: Name and address of Hospital/Clinic/Surgery: Telephone number:	Please write details below or use official stamp.
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I certify that I examined Mr/Mrs/Miss/Ms On
 (Name of Applicant) (Date/s of Consultation)

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.)

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(Continuing, additional or supporting medical evidence should be attached.)

Dates of onset and functional resolution of the problem: From to

Category and degree of illness:
 Please refer to Section E (on back).

Category (A-W)	Sub Category (A-G)	Degree of illness (1-4)

Note: Degree of illness relates to the degree of Functional impairment at the time of the illness.
1=Mild, 2 = Moderate, 3=Severe, 4 =Chronic

I consider the above sickness to be of a temporary nature and, as a result, I consider that the applicant is/was (tick appropriate box/es):

☐ Disadvantaged because of the **temporary** sickness when studying between / / and / / for the examination(s).

☐ Disadvantaged because of the **temporary** sickness when taking examination(s) held/to be held between / / and / /.

☐ Unfit because of the **temporary** sickness to sit for the examination(s) held/to be held between / / and / /.
(Dates should be inclusive.)

Signature of Medical Practitioner: Date:

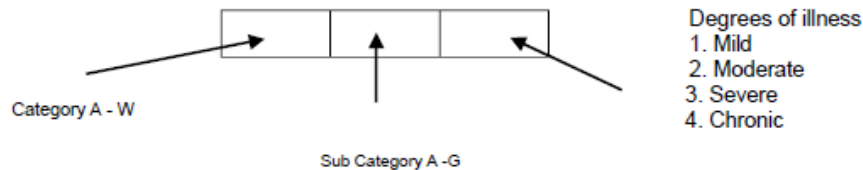
Notes for Medical Practitioner

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 and students were able to apply for special examination arrangements if they suffer any chronic sickness or handicap. Applications for these arrangements should have been made early 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.
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 Associate Principal Senior School on 9441 1700.

Section E: Sickness Categories – A reference for the Medical Practitioner/Registered Health Professional-----

The following information is provided for the Medical Practitioner/Registered Health Professional as a reference for completing Section B of the *Sickness/Misadventure Application Form*.

The Medical Practitioner/Registered Health Professional is required to indicate, in the relevant boxes, the category and degree of the illness, as shown below:



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: Injuries/Accidents

- A Neck Injuries/Whiplash/Head Injury
- B 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 Visual 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

Section F: Isolation and/or sickness due to Covid-19

This section needs to be completed if an applicant has tested positive for Covid prior to, or during the exam period. A medical practitioner is not required to complete **Section D and E**, however photographic evidence of the positive RAT test must be provided with this form (please attach and submit with this document).

Date of positive test ____/____/____