INDEPENDENT EVIDENCE OF ILLNESS OR MEDICAL CONDITION
ROBERT TOWNSON HIGH SCHOOL

For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. **This person must not be related to the student.**
For the student’s application to be successful, the following information is sought.

Diagnosis/medical condition

Date of onset of illness or condition

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

Please describe how the student’s conditions/symptoms could impede their performance on this particular assessment task. *(If a student has been unable to attend an examination, it is imperative that you provide full details in the space provided or on additional sheets and attach them to the application).*

Any other comments or information which you will feel will assist in the assessment of the student’s application *(if there is not enough space, please attach additional sheets).*

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

Name of doctor or other health professional:

Profession:

Place of work/organisation:

Address:

Contact phone number:
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ROBERT TOWNSON HIGH SCHOOL

For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. *This person must not be related to the student.*
For the student’s application to be successful, the following information is sought.

This section will normally be completed by a relevant person, eg a police officer. *This person must not be related to the student.* Please include the date and time of the occurrence and subsequent events. *(Please add extra pages if necessary).*

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Name: _____________________________
Profession: _________________________
Address: ___________________________
Place of work/organisation: ___________
Contact phone number: ______________

Signed: ____________________________ Dated: ____________________