

Sickness/Misadventure Guidelines

Senior School Assessments



Before completing a *Sickness/Misadventure Application* please read this information carefully:

- Has your performance in an 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?
- The circumstances must have been beyond your usual control.

If you answered YES to any, or all, of these questions then you should:

1. Ring the school on 9259 2100 and provide your name and the title of the exam you will not be completing, by 8:30am on the day of the examination, and
2. Complete this form and **submit it to the Associate Principal (Senior School) by 3pm** the day after the completion of the examination period.

The Associate Principal will determine whether the reason given for an absence is considered an acceptable circumstance. In this event, alternative arrangements will be negotiated with the Associate Principal and may include sitting a substitute exam.

If your difficulties in sitting the examination are the result of any of the reasons listed below, then your circumstances fall outside the 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
- The same grounds for which you received special examination provision — unless you experienced additional difficulties during an examination session
- Misreading the examination timetable
- Misreading examination instructions
- Events related to your school assessment in a course
- Attendance at a sporting or cultural event during a written examination.

Completion of the form

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| Section A | Applicant details: All parts of this section must be completed by the candidate . |
| Section B | Course details: This section, including the insert, to be completed by the candidate 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. |

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Section A: Applicant Details - to be completed by the candidate

Surname:	First Name:	Homeroom:
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Section B: Course Details - to be completed by the candidate personally

1. Record examinations being claimed on the sickness/misadventure details insert/s as required.
2. For each written and/or practical examination in which you are claiming special consideration describe briefly how your illness or misadventure affected your performance in or prevented your attendance at that examination. Do not use dittos, or write 'as above'. All relevant information or supporting evidence must be written below or attached to this form. If this section is not completed, your application cannot be accepted.

Date of Exam	Course: Name and Stage	Details of effect on performance / attendance	Did you attend the Exam?

(Additional information may be attached.)

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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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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)			
Telephone: Daytime		Mobile	
Signed:		Date:	

Declaration

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

I authorise the Associate Principal to discuss this application with any person who has signed this form or attachment.

Signature of applicant:		Date:	
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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:	<i>Please write details below or use official stamp</i>
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I certify that I examined

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 clearly how the medical condition impaired the candidate for the examination.*)

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

Dates of the onset and functional resolution of the problem	Degree of illness: <i>related to the degree of functional impairment at the time of the illness.</i>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border: none;">From</td> <td style="border: none;">To</td> </tr> <tr> <td style="border: none;">Signature of medical practitioner</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date</td> <td style="border: none;"></td> </tr> </table>	From	To	Signature of medical practitioner		Date		<input type="checkbox"/> 1. Mild some discomfort <input type="checkbox"/> 2. Moderate able to sit exam but significant impairment <input type="checkbox"/> 3. Severe unable to sit exam <input type="checkbox"/> 4. Chronic on-going impact
From	To						
Signature of medical practitioner							
Date							

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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. Students were able to apply for special examination arrangements if they suffered 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**. 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 Senior School Associate Principal on 9259 2100.

Notes:

Signature of Associate Principal (Senior School)		Date:	
Signature of School Psychologist		Date:	