

ATAR Course Sickness and/or Misadventure Form

Completion of this form

Section A: Applicant details: All parts of this section must be completed **by the student**.

Section B: Course details: This section to be completed **by the student**.

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

The completed form and any supporting documentation must be received by the Kinross College front office by within 24hrs of the scheduled exam date.

- Forms will be stamped and dated upon submission.
- Late forms will not be accepted.

Section A: Student Details	
Student Name	
SCSA Number	
Email Address	
Preferred Contact Phone Number	

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

_____ *Parent/Guardian*

_____ *Student*

_____ *Date*

Section B: Course Details – Must be completed by the STUDENT

Complete all details below:

Date of Exam	Course	Details of effect on performance/attendance	Did you attend the exam? YES/NO

Section C: Misadventure evidence (non-medical only)
- 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 relevant information, photos or supporting evidence must be written below or 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 (eg teacher, neighbour, police officer)	
Email address	
Phone	

Signature: _____

Date: _____

Misadventure details:

Relevant information, photos or supporting evidence submitted:

Section D: Medical Evidence
– To be completed by a 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 Practitioner/Health Professional's name	
Name and address of hospital/clinic/surgery	

I certify that I examined _____ on _____
Name of applicant **Date/s of consult**

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:

- **Dates of onset and functional resolution of condition:**

FROM

TO

Category of Illness: Mild Moderate Severe Chronic

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. Candidates were able to apply for special examination arrangements if they suffered any chronic sickness or handicap. Applications for these arrangements should have been made earlier 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 school.

I consider the above sickness to be of a temporary nature and as result I consider that the applicant is/was

- disadvantaged because of temporary sickness when studying for exams between

- disadvantaged because of temporary sickness when sitting exams between

- unfit because of temporary sickness to sit exams held/to be held between

Signature of medical practitioner: _____ Date: _____

Sickness Categories – a reference for the medical practitioner / registered health professional

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 Gastroenteritis
- F: Injuries/accidents**
 - A Neck injuries/whiplash/head injury
 - B Shoulder/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 Vision 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 Viralma 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

School Administration Use ONLY

Supporting Evidence attached YES NO

Notes:

Application Approved YES NO

If YES, course of action to be taken:

If NO - why:

Staff Member approving:

Position:

Date: