

# Sickness/Misadventure Form

## Year 10-12 Senior School

### Assessment and Examinations

**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 94585206, email the Assistant Principal the day before the exam and provide your name and the title of the exam you will not be completing, and
2. Complete this form and submit it to the Assistant Principal with 48 hours

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

**Assistant Principal, Dr Fincy Patrick**

#### **Completion of the form**

**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.

**Section A: Applicant Details** — to be completed by the candidate

<b>Student Surname:</b>		<b>Student Name:</b>	
Parent / Guardian:			
Parent / Guardian email:		Parent / Guardian mobile:	
Parent signature:		Date:	



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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 due to previous sickness.
- 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, of which medical evidence is provided
- 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 another course
- Attendance at a sporting or cultural event during a written examination.

**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. 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 & Teachers name	Details of effect on performance / attendance	Did you attend the Exam?

*(Additional information may be attached.)*

**Section C: Misadventure Evidence (ONLY FILL IF NEEDED)**

(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. <i>teacher, neighbour, police officer</i> )			
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 Assistant 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 YOUR GP)**

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 AND 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.*)

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

Dates of the onset and functional resolution of the problem	
From	To
<b>Signature</b> <i>of medical practitioner</i>	
<b>Date</b>	

<b>Degree of illness:</b> <i>related to the degree of functional impairment at the time of the illness.</i>
<input type="checkbox"/> <b>1. Mild</b> some discomfort <input type="checkbox"/> <b>2. Moderate</b> able to sit exam but significant impairment <input type="checkbox"/> <b>3. Severe</b> unable to sit exam <input type="checkbox"/> <b>4. Chronic</b> on-going impact

**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 Assistant Principal, Dr Fincy Patrick, 9458 5206

Notes:

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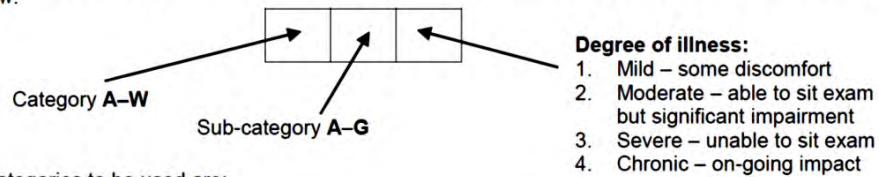
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Dr Fincy Patrick  
Assistant Principal

\_\_\_\_\_  
Date

## 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 D 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:

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| <p><b>A: Upper respiratory tract infections</b></p> <ul style="list-style-type: none"> <li>A Glandular fever (Infectious Mononucleosis)</li> <li>B Influenza</li> <li>C Pharyngitis/URTI</li> <li>D Tonsillitis</li> <li>E Sinusitis</li> <li>F Ear, nose and throat</li> </ul> <p><b>B: Food poisoning</b></p> <ul style="list-style-type: none"> <li>A Gastroenteritis</li> <li>B Diarrhoea and vomiting</li> </ul> <p><b>C: Allergic diseases</b></p> <ul style="list-style-type: none"> <li>A Hay fever</li> <li>B Asthma</li> <li>C Generalised allergy</li> </ul> <p><b>D: Lower respiratory tract infections</b></p> <ul style="list-style-type: none"> <li>A Bronchitis</li> <li>B Pneumonia</li> </ul> <p><b>E: Gastrointestinal tract disorders</b></p> <ul style="list-style-type: none"> <li>A Appendicitis</li> <li>B Gall stone colic (pain)</li> <li>C Haemorrhoids</li> <li>D Gastritis</li> <li>E Jaundice</li> <li>F Gastroenteritis</li> </ul> <p><b>F: Injuries/accidents</b></p> <ul style="list-style-type: none"> <li>A Neck injuries/whiplash/head injury</li> <li>B Shoulder/arm/wrist/finger (broken or injured)</li> <li>C Back and pelvic injury/abdominal injury</li> <li>D Fractured skull/jaw</li> <li>E Leg/ankle/knee/foot (broken or injured)</li> <li>F Multiple injuries</li> <li>G Burns</li> </ul> <p><b>G: Psychological problems</b></p> <ul style="list-style-type: none"> <li>A Death of a parent</li> <li>B Death of close friend/immediate relative</li> <li>C Significant life event</li> <li>D Psychiatric disturbance</li> </ul> <p><b>H: Neurological disorders</b></p> <ul style="list-style-type: none"> <li>A Epilepsy</li> <li>B Generalised neurological disorders</li> </ul> | <p><b>I: Infectious/contagious diseases</b></p> <ul style="list-style-type: none"> <li>A Chicken pox</li> <li>B Mumps</li> <li>C German measles</li> </ul> <p><b>J: Uro-genital tract disorders</b></p> <ul style="list-style-type: none"> <li>A Dysmenorrhoea (PMT/painful period)</li> <li>B Urinary tract infection</li> <li>C Gynaecological problems</li> </ul> <p><b>K: Rheumatic conditions</b></p> <ul style="list-style-type: none"> <li>A Back complaints</li> <li>B Tenosynovitis (RSI)</li> <li>C Joint complaints</li> </ul> <p><b>L: Headache</b></p> <ul style="list-style-type: none"> <li>A Migraine</li> <li>B Tension headache</li> </ul> <p><b>M: Oral problems</b></p> <ul style="list-style-type: none"> <li>A Abscess of tooth/removal</li> <li>B Impacted teeth</li> </ul> <p><b>N: Eye disorders</b></p> <ul style="list-style-type: none"> <li>A Eye fatigue/injury/infection/conjunctivitis</li> <li>B Vision impairment</li> </ul> <p><b>O: Inadequate bodily reserves</b></p> <ul style="list-style-type: none"> <li>A Surgery</li> <li>B Heat exhaustion/fainted</li> <li>C Poor health</li> <li>D Diabetes</li> </ul> <p><b>P: Viral diseases</b></p> <ul style="list-style-type: none"> <li>A Viral illness (temperature/headache)</li> <li>B Severe Viral illness with Leukopenia</li> </ul> <p><b>Q: Cancer</b></p> <ul style="list-style-type: none"> <li>A Tumour/cancer</li> </ul> <p><b>R: Pregnancy</b></p> <ul style="list-style-type: none"> <li>A Pregnancy/confinement</li> </ul> <p><b>S: Chest conditions</b></p> <ul style="list-style-type: none"> <li>A Chest infections/pain</li> </ul> <p><b>T: Bleeding disorders</b></p> <ul style="list-style-type: none"> <li>A Bleeding disorders/nose bleed</li> </ul> <p><b>W: Unknown</b></p> <ul style="list-style-type: none"> <li>A Unknown</li> </ul> |
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