

SECTION A: To be completed by student

ID number:

Last name:

Address:

Title:
(Mr/Mrs/Miss/Ms)

First name:

I authorise my health practitioner to provide the University with all medical and other information which may be relevant to my eligibility for aegrotat consideration. For the avoidance of doubt, I authorise my health practitioner to complete this form with my medical and other information and return this form together with any supporting documents to the University, and to provide the University with further information at its request (such as notes from the relevant consultation/s). The University will only release the information obtained pursuant to this authorisation to the persons involved in the assessment of this application. In the event of a difference of opinion or a dispute concerning my application, I authorise the release of the information to an independent referee appointed by the University. I understand that the information associated with this application will be used for the purpose of this application only and will not be released to other persons.

Signed:

Date:

SECTION B: Confidential report to be completed by registered doctor (or, where appropriate, dentist)

(Please read notes 1 and 2 below)

This is to certify that I was consulted by:

on (date/s):

Diagnosis:

History and relevant past history:

Clinical signs/investigations:

Further details, including the consultation notes, may be attached to this report if appropriate

In my opinion this student was not responsible for the illness or injury and

- is unfit to sit the examination(s) See note 2a on the date(s):
- has suffered impaired preparation for the examination(s) to a: mild degree moderate degree serious degree See note 2b on the date(s):
- has suffered impaired performance in the examination(s) to a: mild degree moderate degree serious degree See note 2c on the date(s):

Name and Surgery Stamp:

Address:

NZMC Registration Number:

Phone:

Signature:

Date:

- Notes:**
1. This declaration may be handed to the student once completed. If you do not wish to share your views as to the merit of the claim with the student, you may scan the declaration to uhsinfo@auckland.ac.nz using the student's name and ID in the subject line. Alternatively, you may return it by post to University Health and Counselling Services, University of Auckland, Private Bag 92019, Auckland 1142.
 2. Criteria for an aegrotat application:
 - (a) For an examination not sat, the criterion is that the student must be physically or mentally incapable of attempting it. It is not sufficient for the student to be unwell or to be faced with trying circumstances.
 - (b) For impaired preparation for an examination, the period of preparation is deemed to be the fortnight immediately preceding the examination.
 - (c) For impaired performance during an examination, the criterion is that such impairment occurred on the day of the exam.

Once completed, you must upload a scan or photo of this health declaration form as well as the consultation notes from a registered doctor to your online application at:

aegrotat.auckland.ac.nz/apply.

All evidence submitted as part of your application will be treated in strict confidence by University Health and Counselling Services. Nobody else, including your lecturers and the Examinations Office, will have access to your evidence.

Remember that:

- You must provide evidence from a registered doctor (or, where appropriate, dentist) in support of your application.
- Your circumstances must be unforeseen, exceptional and beyond your control.
- You must sit your exams if at all possible.
- Your work needs to be well above the minimum pass standard (normally a C+ or better) in all coursework, including any written tests.
- You must submit your application no later than seven days after the exam. If you are applying for multiple exams, no later than seven days after the last exam affected by your illness or injury.