



# Sickness & Misadventure Form

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 9222 5600 and provide your name and the exam you will not be completing as soon as possible.
2. At the end of the examination period, this form should be completed and submitted to the Head of Learning of each examination missed. Only one form should be completed with all missed examinations.

Please submit the Sickness & Misadventure form on the last day of examination period

Year 10 – Semester One: Wednesday 4<sup>th</sup> June

Year 11 – Semester One: Friday 13<sup>th</sup> June

Year 12 – Semester One: Friday 30<sup>th</sup> May

|              |                    |  |
|--------------|--------------------|--|
| Arts         | Georgie Perrott    | <a href="mailto:georgie.perrott@education.wa.edu.au">georgie.perrott@education.wa.edu.au</a>       |
| English      | Jennifer Griffiths | <a href="mailto:jennifer.griffiths@education.wa.edu.au">jennifer.griffiths@education.wa.edu.au</a> |
| HASS         | Emily Donders      | <a href="mailto:emily.donders@education.wa.edu.au">emily.donders@education.wa.edu.au</a>           |
| Heath & PE   | Kelsie McRae       | <a href="mailto:kelsie.mcrae@education.wa.edu.au">kelsie.mcrae@education.wa.edu.au</a>             |
| Mathematics  | Paul Burgess       | <a href="mailto:paul.burgess@education.wa.edu.au">paul.burgess@education.wa.edu.au</a>             |
| Music        | Liz Hamer          | <a href="mailto:elizabeth.hamer@education.wa.edu.au">elizabeth.hamer@education.wa.edu.au</a>       |
| Science      | Matthew Titmanis   | <a href="mailto:matthew.titmanis@education.wa.edu.au">matthew.titmanis@education.wa.edu.au</a>     |
| Technologies | Sheila Halai       | <a href="mailto:sheila.halai@education.wa.edu.au">sheila.halai@education.wa.edu.au</a>             |

## Completing this 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 appropriate), if the application is on medical or psychological grounds.

## Section A: Applicant details

**Student Name:** \_\_\_\_\_ **CREW:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

### Section B Course details:

| Date | Examination | Details of effect on Performance | Did they attend<br>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. Any relevant information or supporting evidence must be written below or attached.**

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## Section D: Medical Evidence.

**To be completed by the medical practitioner/registered health professional when appropriate.**

**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:** \_\_\_\_\_

***Please write details below or use official stamp***

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

**Degree of illness: *related to the degree of functional impairment at the time of illness.***

- ☐ 1. Mild some discomfort
- ☐ 2. Moderate able to sit exam but significant impairment
- ☐ 3. Severe unable to sit exam
- ☐ 4. Chronic

**Additional Notes:**

