

**Medicentral 501 George Street**

Level 11, Regent Place, 501 George Street  
SYDNEY NSW 2000

Ph: 02 8378 6666 Fax: 02 8378 6668

ABN: 17 613 542 831

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**MEDICAL CERTIFICATE**

This is to certify that

**Miss Shiqi Yin**

is suffering from anxiety and depression long term and is current on medication under psychiatrist from China. She has worsening of insomnia symptoms due to study stress since late October. She later started to have suicidal ideation and after discussion with student health decided to drop 1 subject further and now started to feel better.

I have recommended her to see psychologist for further CBT counselling to assist with her symptoms which she is not keen. I fully support her decision to drop one subject this semester. She will come back to see me after her examination regarding adjusting her medication.

She would be significantly affected by her medical condition  
from 25/10/2023 to 31/12/2023 inclusive.

This Certificate was completed on 16/11/2023.

Dr Yu-Feng Judy Huang

Provider No. : 442907PB

Qualifications: BHB MBChB Dip OBGYN MRNZCGP FRNZCGP FRACGP



DR YU-FENG JUDY HUANG  
PROVIDER NO.: 442907PB  
MEDICENTRAL 501 GEORGE ST  
LEVEL 11, REGENT PLACE,  
501 GEORGE STREET, SYDNEY NSW 2000  
TEL: 02 8378 6666  
FAX: 02 8378 6668

# PROFESSIONAL AUTHORITY FORM

## Request for Special Consideration Due to Short Term Illness or Misadventure

Information MUST be provided by a professional authority (such as a doctor or allied health professional) who then signs the form and stamps it (if possible). This form must include ALL information requested, or it may not be accepted. Backdated or out of date documentation may also not be accepted.

**TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION** - Your help in providing information regarding the student's illness (or other problem) is appreciated. If there is a significant period of impact, or is in your opinion unfit to continue studies for the Term, please note this on the form.

Within the limits of what the student is willing to share, this form and/or any certificate must describe the nature and seriousness of the student's problem so that an assessment of the possible effects of the illness (or other problem) on performance can be made.

**STUDENT'S NAME:** Yin, Shiqi

**STUDENT ID:** **DATE OF BIRTH:** 13/07/2000

**DATE(S) ON WHICH STUDENT WAS SEEN FOR THIS ILLNESS/MISADVENTURE:** 16/11/23

**PLEASE OUTLINE NATURE OF THIS ILLNESS / MISADVENTURE AND ANY RECOMMENDATIONS:**

Please specify if this is self reported, estimated or confirmed.

Worsening anxiety & depression due to trauma triggered by family issues. Escalated at one stage now feeling better after deciding to drop out more subjects. Please assist in her application.

**DATE OR PERIOD OF THIS ILLNESS OR MISADVENTURE:**

**FROM:** 26/10/23 **TO:** 31/12/23

**IMPACT ON STUDENT'S ABILITY TO COMPLETE HOMEWORK/TAKE HOME/ONLINE ASSESSMENTS:**

Please tick as appropriate

NO IMPACT ☐ MINOR IMPACT ☐ MAJOR IMPACT ☒ NOT ASSESSABLE ☐

**IMPACT ON STUDENT'S ABILITY TO COMPLETE IN CLASS/ON CAMPUS EXAMS OR ASSESSMENTS:**

Please tick as appropriate

NO IMPACT ☐ MINOR IMPACT ☐ MAJOR IMPACT ☒ NOT ASSESSABLE ☐

**PROFESSIONAL AUTHORITY DETAILS**

I declare that I am not a family member, nor do I have a close personal relationship with this student. I authorise the University of New South Wales to contact me or my office/practice to verify the authenticity of this document.

**NAME:** Dr Yu-Feng Judy Huang  
**SIGNATURE:** [Signature]  
**DATE:** 16/11/23  
**EMAIL:** admin@medicentral.com.au

**AHPRA or Registration #:** 1202000112248  
**PROFESSION:** G.P.  
**PRACTICE NAME:** MEDICENTRAL  
DR YU-FENG JUDY HUANG  
PROVIDER NO.: 442907PB  
MEDICENTRAL 501 GEORGE ST  
LEVEL 11, REGENT PLACE,  
501 GEORGE STREET, SYDNEY NSW 2000  
TEL: 02 8378 6666  
FAX: 02 8378 6668  
STAMP

This can be either your professional, or office/practice's email.