

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

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 ongoing anxiety and depression symptoms needing regular medication to control her symptoms, which can be exacerbated by study stress. She has occasional suicidal ideation and is getting better after her new medication. She should only do 2 subjects per semester for this year to manage her study load and her stress to aid her recovery from anxiety and depression.

I have recommended her to see psychologist for further CBT counselling to assist with her symptoms which she is not keen. She should need regular medical review.

She will benefit from student center input and ongoing counselling. She should consider to apply for disability so she can have more time for assignment and examination as well.

She would be significantly affected by her medical condition

from 12/03/2024 to 31/12/2024 inclusive.

This Certificate was completed on 12/03/2024.

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
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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 Backdated or out of date documentation may also not be accepted.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: 75370300

DATE OF BIRTH: 13/07/2000

DATE(S) ON WHICH STUDENT WAS SEEN FOR THIS ILLNESS/MISADVENTURE: 12/03/24

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

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

Ongoing anxiety & depression. with on & off classes
with ongoing suicidal ideation.
She will need to drop her only hand for 1 year and
only take 2 subjects per semester. She will
benefit from studying input
she should see a psychologist

DATE OR PERIOD OF THIS ILLNESS OR MISADVENTURE:

FROM: 12/3/24 **TO:** 31/12/24

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: 12/03/24

EMAIL: admin@unsw.edu.au

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

**AHPRA or
Registration #:** MDP 1642065

PROFESSION: GP

PRACTICE NAME: 501 GEORGE STREET, SYDNEY NSW 2000

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STAMP