UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

UNIVERSITY HEALTH APPLICATION FORM FOR A DEFERRED EXAMINATION IN TERMS OF G13.6

The patient who has presented this form to you is applying for a deferred examination to the University. Thank you for taking the time to complete this form for us. Please note that we may contact you to verify this information for your protection and ours.

Please do not complete this form if you are in any way related to or have a strong personal, work or social relationship with the student concerned.

TO BE COMPLETED BY STUDENT		TO BE COMPLETED BY MEDICAL PRACTITIONER	
Student Name		**Name of Practitioner**	
Student Number		**Practice Number**	
Faculty		**Telephone Number**	
Degree / Diploma		**Practice Address**	

Please indicate the period over which the illness has been experienced by the student concerned.
Please list the dates on which the student has consulted you for this illness.
Please indicate the date on which s/he started treatment.
Is this the first time that the student has consulted with you?
Are you aware of whether the student has consulted other practitioners for the same disorder?

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Please indicate (by ticking the relevant description) the extent to which the student has complied with the course of treatment.			
Entirely compliant	**Erratic compliant**	**Not compliant**	**Unknown**

Other comments

Recommendation on fitness to write examination or test: in my opinion the above student (please tick appropriate box) –

- Was unfit on account of illness ☐
- Was unfit on account of acute anxiety state ☐

(remarks, i.e. please state why the student cannot write)

_____

_____

_____

- Was medically fit ☐

(remarks) _____

_____

_____

To take part in the examination/s on

_____**(dates)**

Please insert medical practice stamp	
Signature of Practitioner	

Signature of Student	
Date	