



## Sickness/Misadventure Application Form for all School Examinations

**Before completing a *Sickness/Misadventure Application Form*, please read the following information carefully:**

- Has your performance in a course examination/Tests been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination?
- 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 either, or both, of these questions, then you should complete this form.

If your difficulties in sitting the course examination are the result of any of the reasons listed below, then your circumstances fall outside the Authority's (SCSA) policy and guidelines for sickness/misadventure:

- difficulties in preparation or loss of preparation time – for example, as a result of sickness during the year unless in the two weeks prior to your first written examination
- alleged deficiencies in tuition
- long-term physical or psychological illness – unless you have suffered an acute episode of your illness during the examination period (including up to two weeks before your first written examination)
- the same grounds for which you received special examination arrangements – unless you experienced additional difficulties during an examination session
- misreading the examination timetable
- misreading examination instructions
- events related to your school assessment in a course
- attendance at a sporting or cultural event during a written examination.

If the application is accepted, then an examination mark is calculated using your Subject/Course assessment as a basis.

Completion of the form	
Section A	Applicant details: All parts of this section must be completed by the candidate personally
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 the application is on medical or psychological grounds.
Section E	Candidate declaration: Must be signed by the candidate personally
Section F	Sickness categories: An essential reference for the medical practitioner/health professional
Acknowledgement	Applications will be acknowledged via email: You must provide an email address.
All applications related to written examinations should be submitted immediately following the last examination affected by the situation. Late forms will not be accepted	



**Section A: Applicant details – to be completed by the candidate personally**

WA student number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_ Middle name initial: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

**Section B: Course details – to be completed by the candidate personally**

Record only those examinations being claimed on the sickness/misadventure details insert.

1. For each written and/or practical examination in which you are claiming special consideration (as indicated on the insert), describe briefly how your illness or misadventure affected your performance in or prevented your attendance at that examination. Do not use dittos, or write 'as above'. Brief relevant information must be written below. Keep statements short and applicable to that examination. Additional supporting evidence may be attached to this form if it impacts all examinations. If this section is not completed, your application cannot be accepted.
2. Use only one application form to record all examinations being claimed.

Date of exam	Examination name	Practical or written	Details of effect on performance/attendance	Did you attend? YES/NO

(Additional information may be attached.)

**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 by an independent witness. Any other relevant information or supporting evidence may be written below or attached.

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(Additional information may be attached.)



Witness details

Note: the witness **must not** be related to the applicant, and may be contacted if further information is required.

Name (block letters):

.....

Relationship to applicant/relevance of information: ..... (E.g. teacher, mechanic, police officer relevant to the incident)

Address: .....

Telephone (Daytime): ..... Telephone (Mobile): .....

Signed: ..... Date: .....

**Section D: Medical Evidence – to be completed by the medical practitioner/registered health professional**

This section must be completed if an applicant’s claim on medical or psychological grounds is to be considered.

Medical practitioners are asked to note the comments and illness codes in Section F over the page before completing any certification. Please write details below or use official stamp.

Medical practitioner/health professional’s name:	
Name and address of hospital/clinic/surgery:	
Telephone number	

I certify that I examined Mr/Ms/Miss.....  
(Name of applicant)

on .....  
(Date/s of consultation)

**What is the medical diagnosis?** (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. **Please explain clearly how the medical condition impaired the candidate for the examination.**)

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*(Additional medical evidence may be attached.)*

Dates of onset/injury and predicted functional resolution of the problem:

From \_\_\_\_\_ to \_\_\_\_\_



<p>Category and degree of illness: Please refer to Section E (on back) before completing</p> <p>Category (A–W) _____</p> <p>SubCategory (A–G) _____</p> <p>Degree of Illness (1–4) _____</p>	<p>Note: Degree of illness relates to the degree of functional impairment at the time of the examination.</p> <ol style="list-style-type: none"> <li>1. Mild – some discomfort</li> <li>2. Moderate – able to sit examination but significant impairment</li> <li>3. Severe – unable to sit examination</li> <li>4. Chronic – ongoing impact</li> </ol>
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I consider the above sickness/injury to be of a temporary nature and, as a result, I consider that the applicant is/was (tick appropriate box/es and initial and Dates should be inclusive.):

- Disadvantaged because of the temporary sickness/injury when studying between \_\_\_\_\_ and \_\_\_\_\_ or the examination(s).
- Disadvantaged because of the temporary sickness/injury when taking examination(s) held/to be held between \_\_\_\_\_ and \_\_\_\_\_.
- Unfit because of the temporary sickness/injury to sit for the examination(s) held/to be held between \_\_\_\_\_ and \_\_\_\_\_.

Signature of medical practitioner:

.....Date:.....

**Section E: Candidate declaration – to be completed by the candidate personally**

**Candidate Declaration**

**I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct.** I authorise associate Principal and Head of Learning Areas to discuss this application with any person who has signed this form or attachment.

Signature of applicant: .....

Date: .....

Signature of parent/guardian (if applicable): .....

Date: .....

Receipt of this application by Harrisdale Senior High School will be acknowledged by email to the address provided in Section A: Applicant details.



**Section F: Sickness categories – a reference for the medical practitioner/registered health professional**

Notes for medical practitioner

1. Any sickness should be of an acute or sub-acute nature with onset up to two weeks prior to the written examination. (Please give details above.)
2. Sickness in the two weeks prior to the written examination, which could interfere with preparation for the examinations, may be accepted as well as sickness occurring during the actual examinations.
3. Sickness of a chronic nature is not acceptable. Candidates were able to apply for special examination arrangements if they suffered any chronic sickness or disability. Applications for these arrangements should have been made earlier in the year.
4. Candidates presenting with a chronic mental illness must demonstrate that it has previously been controlled through intervention and/or special examination arrangements. There must be evidence of an unexpected acute episode, within two weeks of the written examination.
5. Sickness can include acute emotional upsets, such as bereavements or serious illness in the family. Apply under category G. It does not include emotional traumas such as panic attacks or stress due to the examinations.
6. Details of any sickness should include a brief history, essential clinical findings, such as fever or rashes, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of function relevant to the sitting of an examination. Where relevant, the following additional evidence is required: URTI – details of specific complications, Glandular fever – blood test results. Chronic glandular fever must have evidence of impact during exams.
7. Independent medical evidence is required in Section D (above) and **must not** be provided by a relative of the applicant.

The following information is provided for the medical practitioner/registered health professional as a reference for completing Section D of the Sickness/Misadventure Application Form.

The medical practitioner/registered health professional is required to indicate, in the relevant space, the category and degree of the illness, as shown over the page



The categories and sub-categories to be used are:

<p><b>A: Upper respiratory tract infections</b>  A Glandular fever (Infectious Mononucleosis)  B Influenza  C Pharyngitis/URTI  D Tonsillitis  E Sinusitis  F Ear, nose and throat</p> <p><b>B: Food poisoning</b>  A Gastroenteritis  B Diarrhoea and vomiting</p> <p><b>C: Allergic diseases</b>  A Hay fever  B Asthma  C Generalised allergy  D Dermatological conditions</p> <p><b>D: Lower respiratory tract infections</b>  A Bronchitis  B Pneumonia</p> <p><b>E: Gastrointestinal tract disorders</b>  A Appendicitis  B Gall stone colic (pain)  C Haemorrhoids  D Gastritis  E Jaundice  F Gastroenteritis  G Inflammatory bowel disease</p> <p><b>F: Injuries/accidents</b>  A Neck injuries/whiplash/head injury  B Shoulder/arm/wrist/finger (broken or injured)  C Back and pelvic injury/abdominal injury  D Fractured skull/jaw  E Leg/ankle/knee/foot (broken or injured)  F Multiple injuries  G Burns</p> <p><b>G: Psychological problems</b>  A Death of a parent  B Death of close friend/immediate relative  C Significant life event  D Psychiatric disturbance</p> <p><b>H: Neurological disorders</b>  A Epilepsy  B Generalised neurological disorders</p>	<p><b>I: Infectious/contagious diseases</b>  A Chicken pox  B Mumps  C German measles  D Other</p> <p><b>J: Uro-genital tract disorders</b>  A Dysmenorrhoea (PMT/painful period)  B Urinary tract infection  C Gynaecological problems</p> <p><b>K: Rheumatic conditions</b>  A Back complaints  B Tenosynovitis (RSI)  C Joint complaints</p> <p><b>L: Headache</b>  A Migraine  B Tension headache</p> <p><b>M: Oral problems</b>  A Abscess of tooth/removal  B Impacted teeth</p> <p><b>N: Eye disorders</b>  A Eye fatigue/injury/infection/conjunctivitis  B Vision impairment</p> <p><b>O: Inadequate bodily reserves</b>  A Surgery  B Heat exhaustion/fainted  C Poor health  D Diabetes</p> <p><b>P: Viral diseases</b>  A Viral illness (temperature/headache)  B Severe viremia with leukopenia</p> <p><b>Q: Cancer</b>  A Tumour/cancer</p> <p><b>R: Pregnancy</b>  A Pregnancy/confinement</p> <p><b>S: Chest conditions</b>  A Chest infections/pain</p> <p><b>T: Bleeding disorders</b>  A Bleeding disorders/nose bleed</p> <p><b>U-V Non medical</b></p> <p><b>W: Other</b>  A Unknown</p>
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Degree of illness:

1. Mild – some discomfort
2. Moderate – able to sit examination but significant impairment
3. Severe – unable to sit examination
4. Chronic – ongoing impact