ELSIS
ENGLISH LANGUAGE SCHOOLS

Medical Practitioner Supporting Document

SPECIAL CONSIDERATION - MEDICAL PRACTITIONER SUPPORTING DOCUMENT

MEDICAL CERTIFICATES WILL NOT BE ACCEPTED without a Medical Practitioner Supporting Document

PERSONAL DETAILS

Title		Student ID.	
First Name		Family Name	
Mobile No.		Email	

DATE OF CONSULTATION

The student/patient named above consulted with me on the following dates	
Is the condition considered to be ongoing?	☐ NO ☐ YES

DESCRIPTION

Please indicate in the section below the severity & impact of the student's condition:

Severity	☐ Severe	☐ Moderate	☐ Minor
Impact	☐ Unable to attend classes for more than 1 week Weeks_____	☐ Unable to attend classes from 3 days to 1 week Day (s): _____	☐ Unable to attend classes from 1 to 3 days Day (s)_____

Comments:

DECLARATION AND DETAILS OF TREATING PROFESSIONAL

I certify that I have seen the above student/patient and according to my assessment the information supplied is true and correct.

Signature		Date	

Name (block letters)	
Address	
Phone No.	

DOCTOR'S STAMP

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