



## CLINIC ABSENTEEISM FORM

### 1. Instructions

All students are required to maintain a level of attendance of 100% for all rostered clinic sessions. Absences that are due to sickness, misadventure or other circumstances beyond the student's control may be acceptable explanations that won't affect attendance levels. Explanations must be submitted using this form to the Clinic Manager (non-academic) for approval within five (5) working days of the absence unless exceptional circumstances apply.

*Date Received*

### 2. Personal Details

Family Name:		Given Name:	
Student ID:	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Mobile:	

### 3. Details of Absence

If any assessments are affected by your absence.

Period of absence:	Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	End Date: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> Clinic Session:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM
Unit Code and Name:		

### 4. Explanation of Absence (Appropriate documentary evidence must be provided for each reason)

Approval will only be granted for extenuating circumstances clearly beyond a student's control.

<input type="checkbox"/> Medical reason (please complete Section 6 on the next page)
<input type="checkbox"/> Military, sporting, cultural or legal commitment (please provide details):
<input type="checkbox"/> Other (please provide details):

### 5. Student Declaration

I declare that the information provided by me on this form is true and correct.

I agree that SITCM may seek proof from doctors or agencies that the certificates have been issued by them.

I also agree to the release of personal information about me for the purpose of assessing this application.

If my explanation to absenteeism is not accepted, I am aware that my attendance level will be affected.

Students Signature:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
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**6. Medical Certificate Form**

Applications based on **unforeseen, severe, and/or grave illness** will not be considered unless the following medical certificate form is completed. This form must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.

Name of Practitioner:
Provider Number:
Address:
Contact Telephone(s):
Date of attendance at surgery: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time:

<b>Provider's Stamp</b>
<small>If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application</small>

I certify that PATIENT'S NAME

is unfit for studies from (date) // to (date) //.

Is the severity and gravity of the illness of such an extreme nature that the patient's capacity to attend clinic sessions is affected?  Yes  No

My assessment of the patient's condition was based on:

- an examination of the patient
- information provided by the patient
- I am unable to assess how this illness would affect the patient's capacity

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by patient over this period:
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Practitioner's Signature:	Date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Clinic Manager (non-academic) to complete:</b>
Is the explanation for absenteeism accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome: <input type="checkbox"/> No action is taken
<input type="checkbox"/> Class attendance roll to be updated
<input type="checkbox"/> Clinic attendance roll to be updated
Comments:
Clinic Manager's Name:
Clinic Manager's Signature: <span style="float: right;">Date: <input type="checkbox"/><input type="checkbox"/>/<input type="checkbox"/><input type="checkbox"/>/<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></span>