

PHONE POUCH MEDICAL CERTIFICATE

TO THE INDEPENDENT PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION

Karabar High School requires a student to notify you that they are using this medical certificate to claim illness to permit the need to have their mobile device with them at all times. Your help in providing information regarding the **impact** of this student's illness is appreciated and will be used to assess the validity of this application.

Please note that all students have **access** to the school's phone in case of emergency. Parents can also contact their child/ren via the Administration Office.

I,, a legally qualified medical practitioner, certify that on

.....(date) examined..... (patient's name).

The patient is suffering from:

(diagnosis provided with patient's consent where possible)

In my professional opinion, the student requires all day access to their mobile device to meet: (please tick)

In a minor Moderately Severely

way

MEDICAL NEEDS

☐☐☐

Please specify and explain in detail:

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For the period ofto

Please note that a certificate can only be issued for ONE calendar year.

Other remarks:

.....

Details of Independent Professional Authority OR Stamp of Independent Professional Authority

Name:

Profession:

Provider Number:

Address:

Contact Number:

Signature:

