

## ACA44a – Confidential Medical/Psychological Report (in support of Deferred Exam Application)

### IMPORTANT

1. Please note that this form is only to be completed if you are requesting deferment on **medical/psychological grounds**. It is confidential and will be seen only by the Deferred Examination Committee.
2. Please note that if it is a recurring medical/psychological condition, **all the relevant reports** must be submitted to provide evidence that you have been under professional care since the condition was first diagnosed.
3. The consultation must take place **before** or **on** the day of the exam.
4. This form should be submitted together with the [ACA44: Deferred Exam Application Form](#) as a single, combined PDF.
5. Only applications emailed from your authenticated **MyUCT** email account will be accepted.
6. Read the [Student Wellness Services supplementary information \(ACA44aHLP\)](#).

**NOTE: A DOCTOR'S CERTIFICATE IS NOT SUFFICIENT – THIS FORM MUST BE COMPLETED.**

<b>SECTION A: STUDENT APPLICANT DETAILS</b>											
<b>Note:</b> To be completed by the student											
<b>A.1 Student Name</b>											
<b>A.2. Student Number</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>										
<b>A.3 Faculty</b>											
<b>A.4 Degree</b>											
<b>A.5 Request for Deferred Exam</b>											
<b>A.6 Student's contact numbers</b>											
<b>A.7 Living on campus</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: none;"><b>Yes</b></td> <td style="width: 40%; border: none;"><b>No</b></td> </tr> </table>	<b>Yes</b>	<b>No</b>								
<b>Yes</b>	<b>No</b>										

<b>SECTION B: DECLARATION AND INFORMED CONSENT GIVEN BY THE STUDENT APPLICANT</b>			
<b>Note:</b> To be completed by the student			
<b>B.1 Student Declaration</b>	I declare that the information provided in <b>Section A</b> above is true and correct.		
<b>B.1.1 I acknowledge that:</b>	The role the health professional is to provide clinic-based therapeutic services and the health professional does not have any influence in the decisions of the Deferred Examination Committee.		
<b>B.1.2 Student's informed Consent (name and surname)</b>	I, _____ hereby voluntarily request and grant permission to my healthcare practitioner to provide my diagnosis on this form, for the purpose of this application.		
<b>B.1.3. Student Applicant</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>		

**SECTION C: MEDICAL/PSYCHOLOGICAL REPORT**  
**Note:** To be completed by the health professional (in public or private practice, or at SWS)

<b>Date of consultation</b> (The date the health professional saw the patient, not the date of when the illness started)	
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<b>Indicate any family relationship to student</b>	
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**Clinical information and diagnosis**

Empty space for clinical information and diagnosis
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This is to certify that I have examined the above patient and according to my findings/ as I was informed the patient has been booked off (tick appropriate options)

<b>From</b>		<b>To</b>	
<b>Health Professional's Name</b> ( <i>Please print</i> )		<b>Phone Number</b>	
		<b>HPCSA Reg. Number</b>	
<b>Professional Qualification</b>		<b>SANC Reg. Number</b>	
<b>Address</b>			
<b>Health Professional's Signature</b>		<b>Health Professional's Stamp</b>	