

# PROFESSIONAL OPINION FORM

Information in this form must be provided by a professional authority (such as a doctor or counsellor) who then stamps and signs the form. If he/she does not have the facility to stamp this form, a separate official certificate should be attached providing all information requested. If no stamp is available, the form should be accompanied by a signed letter on headed notepaper.

## To the professional providing an opinion

Your help in providing information regarding the student's illness (or other problems) is appreciated. This information will assist the Institute in the assessment of the student's academic performance.

STUDENT'S NAME \_\_\_\_\_

NATURE OF ILLNESS/ACCIDENT/OTHER \_\_\_\_\_  
\_\_\_\_\_

DATE(S) ON WHICH STUDENT WAS SEEN \_\_\_\_\_ DATE(S) OF ILLNESS/ACCIDENT/OTHER \_\_\_\_\_

OUTLINE ASSESSMENT OF SEVERITY OF ILLNESS/ACCIDENT/OTHER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR OPINION OF THE PERIOD DURING WHICH THE STUDENT WAS AFFECTED BY THE ABOVE CIRCUMSTANCES  
\_\_\_\_\_  
\_\_\_\_\_

YOUR OPINION OF LIKELY EFFECT ON STUDENT'S CAPACITY TO UNDERTAKE THE EXAMINATION / ASSESSMENT CONCERNED  
Please tick appropriate box

NO EFFECT

MILD

MODERATE

SEVERE

OTHER (PLEASE SPECIFY)  \_\_\_\_\_

NAME \_\_\_\_\_

PROFESSION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STAMP