

MEDICAL CERTIFICATE SUBMISSION FORM

Please note that only originals of medical certificates should be submitted. Certified translations are required for all medical certificates issued in a language other than English. The information collected in this form is subject to the *Privacy Act 1988 (Cth)* and will be treated in accordance with UOW Enterprises' Privacy Policy which is available at www.uowcollege.edu.au/policies

Personal Details	
Student Number:	
Title:	
Name:	
Address:	
Email:	
Contact Phone:	
Course:	
<i>Please advise our office as soon as possible if any of your contact details change.</i>	
Day of Absence (Day 1):	
Subject/Class:	Teacher:
Day of Absence (Day 2):	
Subject/Class:	Teacher:
Day of Absence (Day 3):	
Subject/Class:	Teacher:
Day of Absence (Day 4):	
Subject/Class:	Teacher:
Day of Absence (Day 5):	
Subject/Class:	Teacher:
Please sign and date this form:	
<ul style="list-style-type: none"> To indicate that you have read and understood the UOW College Privacy Policy and that you consent to UOW College, collecting, storing, using and disclosing your personal data in accordance with the conditions contained therein, and 	

<ul style="list-style-type: none"> to indicate that you are aware of your obligations to have a minimum of 80% attendance for all UOW College Courses. Each academic session and each ELICOS ECoE period must have 80% attendance. If you are on a student visa you must have 80% attendance to meet your student visa requirements or you may be reported to DIBP. 	
Signature:	
Date:	
<p>Please Note: An Academic Consideration Form also needs to be completed for Academic Consideration for missed or late submission of assessment tasks and examinations, as a result of illness.</p>	
Please submit, at UOW College Administration (Ground Floor, Building 30, UOW) or mail this form to:	UOW College Locked Bag 8813 NSW Australia 2521