

Medical practitioners are asked to note the comments at the bottom of this page before completing any certification.

<p>Medical Practitioner/Health Professional's name: Name and address of Hospital/Clinic/Surgery: Telephone number:</p>	<p>Please write details below or use official stamp.</p>
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I certify that I examined Mr/Mrs/Miss/MsOn
(Name of Applicant) (Date/s of Consultation)

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and you should provide all relevant information with this application. Please explain how it impaired the candidate for the examination.)

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The Medical Practitioner/Registered Health Professional is required to indicate, in the relevant boxes, the category and degree of the illness, as shown below:

Degrees of illness
1. Mild
2. Moderate

3. Severe

4. Chronic

Category A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

The categories and sub-categories to be used are:

[Redacted content]