

# RACGP Assessments and Examinations Special Arrangements

## Medical Certificate

### Instructions to candidates

If you are applying for special arrangements in an RACGP Assessment or Examination on medical grounds, your application must be accompanied by an appropriate medical certificate. This medical certificate can only be completed and signed by your treating health practitioner who can verify your medical condition. The treating health practitioner must be registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Before completing this form, please read the [RACGP Assessments and Examinations Special Arrangements Policy](#) and [RACGP Assessments and Examinations Special Arrangements Guidance Document](#).

1. Please have this form completed by the relevant treating medical practitioner involved in the care of your ongoing circumstances.
2. All relevant sections of this form must be complete for your application to be considered. An incomplete form may result in your application being rejected.

### Policy compliance declaration

I have read, understood and agreed to comply with all [RACGP policies](#), and in particular,

- i. RACGP Assessments and Examinations Special Arrangements Policy
- ii. RACGP Assessments and Examinations Candidate Handbook

I understand that the submission of plagiarised, false or misleading information will be handled as per the [Academic Misconduct Policy](#).

I understand that the failure to disclose any restrictions on, or changes to, my medical registration to the RACGP will be handled as per the [Academic Misconduct Policy](#).

*By signing this document, I declare that all the information supplied is complete, true and correct. All documents submitted become the property of the Royal Australian College of General Practitioners (RACGP). I give permission for the RACGP to contact my treating medical practitioner to verify the information on this form if needed.*

Full name:

RACGP ID:

Signature:

Date:            /            /

### Instructions to health practitioners

The information you provide will be used to support the Candidate's request for special arrangements in an RACGP Assessment or Examination on medical grounds. The purpose of granting special arrangements is to accommodate a Candidate who is likely to be disadvantaged by a circumstance which is beyond the Candidate's control, and which is objectively likely to have an adverse impact on the Candidate's attendance at, or performance in, an RACGP Assessment or Examination.

**By completing this form, you are verifying that all of the following circumstances apply:**

the Candidate is experiencing ongoing health or other circumstances beyond their control

these circumstances are objectively likely to have an adverse impact on the Candidate's attendance at, or performance in an RACGP Assessment or Examination

RACGP staff may contact you to verify the authenticity of this document

you are qualified to authenticate the circumstances for which the Candidate is applying

you are not a family member, close associate or colleague of the Candidate, or a candidate in the same assessment or examination

you are currently registered with AHPRA.

Full name:

AHPRA Registration no.:

Medicare provider no.:

Relationship to Candidate:

Address of practice:

Telephone:

Signature:

Date:            /            /

## Candidate's medical condition

To be completed by the health professional.

### 1. Outline of diagnosis:

### 2. Date of onset of the condition

### 3. The severity of the medical condition, including likely duration:

### 4. Your opinion on the impact of the condition on the Candidate's performance in an RACGP Assessment or Examination:

### 5. Is the Candidate undergoing any therapy that is causing an adverse effect that might affect their performance in the assessment/examination? If so, what is the therapy and adverse effect?

### 6. Date of your last consultation with the Candidate:

## 7. Please indicate whether the Candidate's circumstances affect the following areas:

a. Attendance and participation in the assessment/examination

**No**      **Yes** (if yes, please outline the recommended special arrangements to be made)

b. Reading and writing (ie. reading speed, comprehension, print size, any accessible formatting requirements, other)

**No**      **Yes** (if yes, please outline the recommended special arrangements to be made)

c. Physical/mobility issues (ie. capacity to sit or stand for extended periods, wheelchair accessibility, other)

**No**      **Yes** (if yes, please outline the recommended special arrangements to be made)

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## Recommendation

To be completed by the health professional

Please detail the special arrangements you think should be accommodated by the RACGP, and why.

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## Privacy statement

The RACGP's Privacy Statement reflects Federal and State privacy legislation and is available [here](#).

### Further information

Please contact the RACGP Assessment Operations team.

T: 1800 472 247 | E: [examinations@racgp.org.au](mailto:examinations@racgp.org.au)