

# RACGP exemption to policy

## Medical certificate



### Instructions to applicants

This form is to apply for an exemption on medical grounds as per the [Exemption to policy application](#).

This medical certificate can only be completed and signed by the treating health practitioner who can verify the medical condition.

1. This form is to be 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.

#### Patient declaration (when the patient is not the applicant)

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 the treating medical practitioner to verify the information on this form if needed.

Patient's full name:

Patient's signature:

Date:        /        /

#### Applicant declaration

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

I understand that the failure to disclose any restrictions on, or any 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 the treating medical practitioner to verify the information on this form if needed.

Applicant's full name:

RACGP ID:

Address of current practice:

Applicant's signature:

Date:        /        /

### Instructions to health practitioners

The information you provide will be used to support the applicant's request for an exemption to RACGP policy on medical grounds. The purpose is to accommodate the applicant if they're likely to be disadvantaged by a circumstance which is unforeseen and beyond their control, and which is objectively likely to have an adverse impact on their participation or performance in an RACGP training program or assessment, including Fellowship exams.

The patient may be the registrar applying for this exemption or a significant family relation.

By completing this form, you're verifying that all of the following circumstances apply:

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

these circumstances are unforeseen

these circumstances are objectively likely to have an adverse impact on the applicant's participation or performance in an RACGP training program or assessment

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

you're qualified to authenticate the circumstances for which the applicant is applying

you're not a family member, close associate or colleague of the patient/carer, or a candidate in the same examination

you are currently registered with **Ahpra**

Full name:

Ahpra registration no.:

Medicare provider no.:

Relationship to candidate:

Address of practice:

Telephone:

Signature:

Date:        /        /

## Patient'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 applicant's participation or performance in an RACGP training program or assessment:**

5. If applicable, is the patient undergoing any therapy that is causing an adverse effect that might affect their participation or performance in a training program or assessment? If so, what is the therapy and adverse effect?

6. Date of your last consultation with the patient:

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## Recommendation

**To be completed by the health professional**

Please detail your recommendations for how the RACGP could best support the applicant.

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## Privacy statement

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