

Self Certification for Candidates who have missed an Examination

Please read the notes before completing this form

Part A The Centre should complete part A of this form

Centre no:		Centre name:	
Candidate no:		Candidate name:	
Subject no:		Subject name:	
Component no:		Date of examination:	

(Please circle Yes or No beside the following statements)

The Centre sent the candidate home ill YES/NO
 (*if the answer is yes, this form is not required by the Awarding Body/ies)

The parent/guardian telephoned the Centre to say the candidate was ill YES/NO

The Centre is aware of medical circumstances which might cause absence YES/NO
 (*if the answer is yes, this form is not required by the Awarding Body/ies)

The candidate has missed an examination in a terminal session YES/NO

Signed by Head of Centre/Examinations Officer:

_____ **Date:** _____ **Name** _____ **(Please print)**

Part B: The Doctor/Nurse or Surgery Receptionist should complete Part B

(Please circle Yes or No beside the following statements)

The patient was seen in the surgery at reception YES/NO

The patient was seen by the Nurse YES/NO

The patient was seen by a Doctor YES/NO

The patient did not attend the surgery but the Doctor/Nurse spoke to the parent/guardian on the telephone YES/NO

The patient was thought to be unfit to sit examinations YES/NO

Any other relevant information

Signed by surgery staff: _____

Date: _____

Part C: The parent/guardian should complete Part C

(Please circle Yes or No beside the following statements)

I telephoned the School/College on the day of the examination to say that

My son/daughter/ward was too ill to take an examination YES/NO

I telephoned the surgery to let them know the symptoms and receive advice YES/NO

The symptoms were:

Declaration by parent/guardian

I understand that it is fraudulent to claim that an examination candidate is ill when he or she is fit to attend.

I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made.

Signature of parent or guardian: _____ Date: _____

Name of parent or guardian:- _____
(Please print)

Part D: The candidate should sign part D

Declaration of candidate

I felt too ill to attend my examination.

I understand that my results can be withdrawn or I can be disqualified if I claim to be ill when I am not ill.

Signature of candidate: _____ Date: _____

Name of candidate: _____
(Please print)

Notes on the Use of the Self Certification Form

This form is NOT required in the following circumstances:

- the candidate has missed a module test and can re-enter at a later date
- the candidate was sent home ill by the Centre
- the candidate was seen to be falling ill in the Centre the day before the absence
- the Centre knows of long-term medical circumstances which can lead to sudden absence
- the candidate has a prescription or label from medication showing the date when the medicine was prescribed and the name and address of the candidate

Where the Centre can verify the circumstances, they should be stated on the Special Consideration form.

The self certification form should be used in the following circumstances:

- the candidate has missed a terminal examination or a module which cannot be re-entered
- the Centre knew of no reason for the candidate to be taken ill
- the Centre has no reason to suspect that this may be a fraudulent claim
- the candidate has been attending other examinations so far without problems

Procedure

The form should be kept in the Centre and Part A completed only where medical evidence is required and when the parent/guardian telephones the Centre and the surgery to say what has taken place.

The candidate/parent takes the form to the surgery for Part B to be completed.
The parent/guardian completes Part C and the candidate completes Part D.