

Student Medical Evidence Guidelines

1. Governing Policy

The Student Medical Evidence Guidelines support and operationalise institutional policies and procedures that allow students to submit medical evidence in support of an application, complaint or appeal.

2. Scope

These guidelines apply to all students of the Institution and guide staff assessing the acceptability of medical evidence.

3. Purpose

The purpose of these guidelines is to ensure that:

- medical evidence is assessed consistently, fairly and transparently;
- decisions are based on credible, verifiable and clinically justified documentation; and
- risks associated with fraudulent, unverifiable or inappropriate medical documentation (including telehealth and retrospective certification) are appropriately managed.

4. Definitions

See *Glossary of Terms*.

5. Procedural statements

Overview

5.1 Medical evidence must be:

- accurate, honest and based on a genuine clinical assessment;
- consistent with the claimed period of impact; and
- sufficiently detailed to allow the Institution to determine the functional impact (see *Glossary of Terms*) on the student's capacity to meet

academic requirements including what activities were affected.

Acceptable Medical Practitioners

5.2 Medical evidence must normally be issued by an Australian health practitioner registered with the Medical Board of Australia through the Australian Health Practitioners Regulatory Agency (AHPRA).

5.3 Medical evidence from overseas practitioners is considered only where the student can demonstrate they were overseas at the time of illness or injury (e.g. travel records), and the document is issued by a licensed practitioner in the relevant jurisdiction and accompanied by a certified English translation where required.

5.4 The Institution reserves the right to verify practitioner registration and decline documentation that cannot be reasonably verified or does not meet comparable Australian professional standards.

Medical Evidence Content

5.5 Medical certificates or reports must, at a minimum:

- identify the issuing practitioner (name, qualification, provider number where applicable);
- specify the date of consultation and date of issue;
- indicate the period during which the student was unfit or impacted; and
- describe the functional impact of the condition on the student's ability to attend or participate in required activities.

5.6 Diagnostic detail is not required beyond what is necessary to explain functional impact.

Retrospective Medical Certificates

5.7 Medical certificates referring to a period prior to the consultation date are only valid if a genuine clinical assessment has occurred and the practitioner has formed a clinically justifiable opinion about the prior period of impact.

5.8 The Institution does not accept medical certificates that misrepresent the actual date of issue, lack a reasonable clinical basis for the retrospective period

certified or repeat the student's self-reported claims without evidence of professional judgment.

5.9 Retrospective certification is only be accepted where the consultation occurs within 10 business days of the start of the claimed period of functional impact. Certificates issued outside this timeframe are only be considered in exceptional circumstances, where the student can demonstrate that timely access to appropriate care was not reasonably possible (e.g. hospitalisation, remote location or documented barriers to securing an appointment) and the practitioner provides a clear clinical basis for certifying the earlier period.

5.10 A later appointment obtained for convenience, workload, travel or delayed application preparation are not acceptable reasons for meeting the exceptional circumstances threshold.

Telehealth Medical Evidence

5.11 Medical certificates issued via telehealth are only acceptable where they result from a real-time consultation (video or telephone) and are conducted by a Medical Board of Australia registered health practitioner.

5.12 Medical certificates generated through automated systems, questionnaire-only platforms or form-completion services without a real-time clinical consultation are not accepted.

5.13 Telehealth certificates that certify extended retrospective periods, or that fail to clearly explain functional impact, may be declined.

Verification and Decision-Making

5.14 The Institution reserves the right to:

- request clarification or additional evidence;
- verify practitioner registration or authenticity of documentation; and
- decline medical evidence that is implausible, inconsistent, unverifiable or does not meet these guidelines.

5.15 Decisions regarding the acceptability of medical evidence are made by authorised staff in accordance with the relevant policy and Delegations of Authority.

Confidentiality and Records Management

5.16 Medical evidence is treated as sensitive personal information and managed in accordance with the Institution's Privacy Policy and records management requirements.

6. Version history

Summary of changes	Approval date	Approved by
Created	28 May 2026	EMG