



## Self-certification for candidates who have missed an examination

### **This form is NOT required in the following circumstances:**

- the candidate has missed a unit 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 their 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.

### **This form must only be used in the following circumstances:**

- the candidate has missed a terminal examination or a unit which cannot be re-entered
- 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.

Electronic signatures are not permissible. All parties must sign the relevant section of the form **by hand**.

The parent/guardian/carer **must** complete Part A and the candidate complete Part B.

<b>PUPIL NAME:</b>	
<b>EXAM WILL BE ABSENT FROM:</b>	
<b>DATE OF EXAM:</b>	

**Part A: the parent/guardian/carer must complete this section:**

- I contacted the school on the day of (or the day prior to) the examination to say that my child was too ill to sit an examination
- I did not contact the school on the day of (or the day prior to) the examination to say that my child was too ill to sit an examination
- I contacted a medical professional regarding the symptoms, as below, and received advice

The symptoms were:

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- I did not contact a medical professional regarding the symptoms

**Declaration by parent/guardian/carer**

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

I understand that the results can be withdrawn and the candidate disqualified if fraudulent claims are made

<b>NAME:</b>	
<b>DATE:</b>	
<b>SIGNATURE:</b>	

**Part B: The candidate must sign Part B**

**Declaration by 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I understand that my results can be withdrawn, or I can be disqualified if I claim to be ill when I was not

<b>NAME:</b>	
<b>DATE:</b>	
<b>SIGNATURE:</b>	

**Office use only:**

Logged

Notifications:

Curriculum Director  Exam Room  SLT

<b>INITIALS:</b>	<b>DATE:</b>
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