

Illness Certificate Form

Complete this form and send it to us within 5 business days of the first missed screen.
Email: hpca-monitoring@health.nsw.gov.au Fax: 02 9281 2030

If an illness stops you from attending for screening you must:

- visit a medical practitioner (your nominated treating practitioner is best)
- take this form with you
- notify us in writing within 24 hours of missing the screen.

The certifying medical practitioner:

- must complete this form
- must know about the conditions on your registration that require you to attend for screening
- may only certify that you are ill for up to 3 business days
- may provide additional information to support this form if required.

NOTE – When you return to practice you must attend for screening no later than the next business day.

Section 1: Participant to complete

Name	
Date/s of illness	
Which screening date/s did you miss?	
When will you next attend for screening?	

- ☐ I have advised the certifying medical practitioner that conditions on my registration require me to attend for drug or alcohol screening.
- ☐ I have advised the certifying medical practitioner that you may consider my failing to attend for screening as non-compliance with those conditions.

I certify that this information is true and correct.

Your signature

Date

Section 2: Certifying medical practitioner to complete

Name	
Registration number	
Patient's name	

Are you his/her nominated treating practitioner? ☐ Yes ☐ No

This is the treating practitioner the participant nominated to the Council, as per the conditions on his/her registration.

Date/s of illness

NOTE – This form is only valid for absence from screening for a maximum of **3 business days**.

When can they next attend for screening?

Did you advise, prescribe or administer any substance/s to treat this illness?

☐ No

☐ Yes →

This includes any prescribed substance, narcotic derivatives, non-prescription compound analgesics and cold and flu medications.

Details:

- ☐ I have confirmed the participant's identity.
- ☐ I know that the participant is required to attend for drug or alcohol screening due to conditions on his/her registration.
- ☐ I know that the Council may consider the participant failing to attend for screening as non-compliance with those conditions.
- ☐ I understand the Council may forward this certificate to the participant's treating practitioner and any person or group involved in reviewing or monitoring their compliance with conditions on their registration.

I certify that this information is true and correct.

Certifying medical practitioner's signature

Date

Address and contact number