

Supporting Documentation – Professional Practitioner Certificate

(to be completed by medical practitioner)

1. Candidate's name:

Family Name: _____ Other Name (s): _____
(The name should be identical to that on HKID Card / Passport)

2. Date(s) of consultation: _____

3. Candidate affected on the test day *(please circle appropriate letter)*

A	totally unable to sit exam	specify period : _____
B	very severely affected but able to sit exam	specify period : _____
C	severely affected but able to sit exam	specify period : _____
D	moderately affected but able to sit exam	specify period : _____
E	slightly affected but able to sit exam	specify period : _____
F	unable to assess ability to sit exam	specify period : _____

4. Candidate affected at some time prior to the test day *(please circle appropriate letter)*

A	totally unable to sit exam	specify period : _____
B	very severely affected but able to sit exam	specify period : _____
C	severely affected but able to sit exam	specify period : _____
D	moderately affected but able to sit exam	specify period : _____
E	slightly affected but able to sit exam	specify period : _____
F	unable to assess ability to sit exam	specify period : _____

5. Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

6. Practitioner's Name: _____

7. Address: _____

8. Phone Number: _____

9. Practitioner's signature and Stamp: _____

Date: _____

*** This form must accompany an original medical certificate ***

Please fax this form with Application Form for Test Day Transfer to IELTS CEPAS Management Unit.

Rm 2801, 28/F, Harbour Centre, 25 Harbour Road, Wanchai, H.K. Tel: 2620 0321 Fax: 2620 0320 Email: info@ugcepa.com