

Self-certification for candidates who have missed an examination due to illness

Centre No	63409	Centre	Kings of Wessex Academy Cheddar
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Candidate No		Candidate Name	
Date of Exam		Subject	

Procedure

The parent/guardian/carer must complete Part A and the candidate completes Part B. Electronic signatures are not permissible. All parties must sign the relevant section of the form by hand.

PART A - To be completed by parent/guardian/carer

I contacted the school/college (e-mail, telephone) on the day of (or the day prior to) the examination to say that my son/daughter/ward was too ill to sit an examination Yes No

I contacted a medical professional regarding the symptoms, as below, and received advice (Awarding bodies do not require medical notes/certificates) Yes No

The symptoms were:

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.

Name (please print) _____ Date _____

Signature _____

PART B - Declaration by candidate – to be completed by the 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I understand that my results can be withdrawn or I can be disqualified if I claim to be ill when I was not.

Name (please print) _____ Date _____

Signature _____

**Please return this form in hard copy to the academy office for the attention of the exams officer.
A separate form will need to be completed for each exam missed each day.**

To be completed by Head of Centre/Exams Office

Date Form Received	
Any further action required	
Name (Please print)	
Signature	