To be completed by the regular medical/health practitioner for students whose studies are/were affected by special circumstances during the study period

**STUDENT to complete this section**

Student Name: ___________________________  Student ID: ___________________________

Studies affected in Year: (eg. 2019)  Study Period: ___________________________

Census Date: ___________________________

Authorisation:
- I hereby authorise the release of my information by the medical/health practitioner should the University require further information
- I confirm that the information regarding my health condition that I have given to my doctor is true and correct

Student Signature: ___________________________  Date: ___________________________

**MEDICAL/HEALTH PRACTITIONER to complete this section**

Student Name: ___________________________

1. Did the student’s condition occur prior to the above mentioned census date?

☐ Yes, occurred on ___________ and then worsened/deteriorated on: ___________________________ (provide date or date range)

☐ No, current condition occurred on: ___________________________ (provide date or date range)

2. Please indicate below the impact of the condition on the student’s ability to complete the requirements of the unit(s): (i.e. unable to attend classes, submit assignments, complete tests/examinations/placements/fieldwork)

please choose one only

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| ✔ | **Severe Impact**  
The impact of the condition is serious in nature and the student is severely affected. The student could not complete the requirements of the unit(s) |
| ✔ | **Moderate Impact**  
The impact of the condition is not severe but would have affected the student’s ability to study |
| ✔ | **Minor Impact**  
The impact of the condition is not serious and did not have a significant impact on the student’s ability to study |
| ✔ | **No Impact**  
The condition did not have an impact on the student’s ability to complete study |
| ✔ | **Unable to Assess**  
The impact of the condition is not able to be determined (e.g. no medical history of the condition, there was no visible evidence of the condition) |
3. Additional comments:

________________________________________________________________________

________________________________________________________________________

4. As the student’s regular medical/health practitioner, I would support and recommend:

☐ Full study period withdrawal (no units/studies to be undertaken in the study period)

☐ Partial enrolment withdrawal (reducing study load)
   Confirm number of units the student is fit to complete in the study period: ______________________

☐ Do not support the withdrawal of units (no change in enrolment, student was/is fit to continue with studies)

5. In my opinion the student will be/was fit to resume studies from: ______________________
   (provide date)

Declaration:

I declare that

- the student presented to me in person
- the information provided is based on my: (select all that apply)
  ☐ professional opinion ☐ examination ☐ student’s medical history
- I am not a family member and do not have a close or personal relationship with this student

Medical/health practitioner’s name: __________________________________________

Medical/health practitioner’s AHPRA registration number: ______________________

Address of practice: _________________________________________________________

Telephone no.: ______________________ Fax no.: ______________________

Email: ______________________

Signature of medical/health practitioner: ______________________________________

Date: ______________________

Medical/Health Practitioner’s Stamp