

Health Practitioner Report – CONFIDENTIAL

In order to assist the Australian National University (ANU) Accessibility Office to arrange the most appropriate support for this student, we require detailed medical opinions on the impact of the student's health condition(s) and their capacity to complete academic requirements. Thus, the Health Practitioner Report form needs to be completed by a registered medical professional or healthcare provider. This documentation will enable the ANU Accessibility Office to assess and tailor the student's required adjustments and support.

IMPORTANT:
 Personal information about students is protected under the Privacy Act 1988, Freedom of Information Act 1982 (Commonwealth), and Australian National University Act 1991 (Commonwealth).
 For more information, please refer to https://policies.anu.edu.au/ppl/document/ANUP_000405 and https://policies.anu.edu.au/ppl/document/ANUP_002604.

Student to complete

Name:		University ID:	
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I hereby authorise *(practitioner's name)*

to release the following information to the Australian National University (ANU) Accessibility Office. I also give consent for the ANU Accessibility Office to discuss my reasonable adjustment needs with my practitioner:

Yes No

DOB:		Phone Number:	
Signature:		Date:	

(student signature)

Medical professional to complete

Health Practitioner's Name:			
Health Practitioner's Qualification(s):			
Phone Number:			
Provider Number:			
Email Address:			
Signature:			
Date:		Affixed Stamp:	



This report is valid for the following period:

Months	1 year	2 years	Ongoing
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Category:

Hearing	Medical	Neurological
Psychological	Writing	Learning
Vision	Mobility	Other

Status:

Stable	Fluctuating	Improving
Progressive	Permanent	

Information regarding the disability or medical condition(s)

Medical diagnosis including year diagnosed (if known):

General description of the disability or medical condition(s) including management and referrals to other medical professionals.

Description how the disability or condition(s) impacts the student's ability to study:
 (Please consider the nature and level of impact relative to: mobility, reading, writing, concentration, memory, attendance, participation, oral assessment, written examinations, written assignments, sitting for sustained periods, lab work/practicum/field trips).



If this is based on objective evidence, please describe this evidence.

Recommendations for Reasonable Adjustments

Please select appropriate field(s):

Examination

Flexibility in deadlines

Equipment

Advocacy

Mobility

Other

Details: If possible, please specify adjustments or support which may be helpful as indicated above (e.g., breaks during exams).

Additional documentation

Please attach any additional documentation if available.

Note: With a diagnosis of a Learning Disability, a detailed assessment and report must be provided by a suitably qualified mental health professional, such as a Clinical, Educational, or Registered Psychologist, Neuropsychologist, or Psychiatrist.

Thank you for your time in completing this report.

Submitting form

Please email the completed form to accessibility@anu.edu.au.