Accessibility Health Practitioner Report

Australian National University

This form is to support the student's registration with Accessibility.

It is completed by a relevant medical or allied health professional and **must clearly state the condition of the person they are caring for.**

For short-term conditions (persists for less than 2 years), the practitioner must include the date of onset, and duration of required support.

Student Information	
Given name (s)	Family name
Student ID number	DOB
Medical Information	
Diagnoses or presenting condition of the person they are caring for (inc. date of onset for short term conditions)	Duration of support needs No. of Months No. of Years Ongoing ☐
Useful information about student's support needs	
Practitioner Details	
Name	
Contact no.	
Address	
Provider/Registration no.	
Signature Stamp	
Please return this form to the student for uploading in the Student Access Portal	
Any questions please contact Accessibility@anu.edu.au	