

Health Practitioner Report – CONFIDENTIAL

To assist the Australian National University (ANU) Access & Inclusion to arrange the most appropriate support for this student we require detailed medical opinion on the impact of the student’s health condition and their capacity to complete academic requirements. Thus Health Practitioner Report form needs to be completed by a registered medical professional or health care provider. This documentation will assist the ANU Access & Inclusion 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).
 Please refer to https://policies.anu.edu.au/ppl/document/ANUP_000405 and https://policies.anu.edu.au/ppl/document/ANUP_00126

Student to complete

| | | | |
|--------------|--|-----------------------|--|
| Name: | | University ID: | |
|--------------|--|-----------------------|--|

I hereby authorise *(practitioner name)*
 to release the following information to the Australian National University office of Access and Inclusion. I also give consent for ANU Access and Inclusion 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: | | Affix stamp: | |



This report is valid for the following period:

Months 1 year 2 years

Category:

| | | |
|---------------|----------|--------------|
| Hearing | Medical | Neurological |
| Psychological | Writing | Learning |
| Vision | Mobility | Other |

Status:

| | | |
|-------------|-------------|-----------|
| Stable | Fluctuating | Improving |
| Progressive | Permanent | |

Information regarding disability/condition

Medical diagnosis including year diagnosed (if known):

General description of medical condition(s) including management, referrals to other medical professionals.

Description how the disability/condition impacts on the student's ability to study:
 (Please consider 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 deadline

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 Clinical, Educational, Neuropsychologist or a Registered Psychologist or Psychiatrist.

Thank you for your time in completing this report.

Submitting form

Please email completed form to access.inclusion@anu.edu.au