

ACCESSABILITY

Medical Practitioner Report



The University of Newcastle's AccessAbility service provides support and assistance to students with a disability and/or health condition, and students who are full-time carers for a person with a disability. AccessAbility aims to ensure that students are not disadvantaged in reaching their academic potential because of the impact of their condition by providing adjustments via a Reasonable Adjustment Plan.

Students requesting consideration and support based on their disability and/or health condition are required to provide the University with relevant medical documentation from a suitably qualified health professional. The reasons for this requirement are:

- To validate the existence of the disability and/or health condition;
- To provide the University with guidance regarding the effects of the disability and/or health condition and therefore advise of any adjustments or supports that would be appropriate in minimising its impact on a student's studies;
- To assist the University in complying with its obligations under the law (Disability Discrimination Act 1992 and Disability Standards for Education 2005).

The University of Newcastle is subject to the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. The personal and health information provided will be used and disclosed by the University in accordance with the University's Privacy Management Plan in order to offer practical assistance and advice to students related to their disability and/or health condition and their studies, which may include the creation of a Reasonable Adjustment Plan.

STUDENT CONSENT TO RELEASE INFORMATION

Student Number:

I, (Student Name),

hereby give my authority and consent for

Medical Practitioner Name:

to release information relating to my disability and/or health condition(s) to AccessAbility at the University of Newcastle including the information requested in this report, any information reasonably requested by the University of Newcastle in accordance with the consent below, and any other information my medical practitioner may deem appropriate to disclose to the University of Newcastle in the circumstances.

By signing below, I also give permission for AccessAbility staff members to contact my medical practitioner to seek additional information for the purposes of validating the existence of my disability and/or health condition, to seek guidance regarding the effects of the disability/health condition and its impact on my study, and/or to otherwise seek clarification on information my medical practitioner has already supplied.

Student Signature:

Date:

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY A MEDICAL PRACTITIONER

Name of Student:

Name of Practitioner:

Provider Number:

Qualification:

Phone:

Email:



Practitioner stamp or attach business card:

Diagnosis:

Date Diagnosed:

How long have you been treating this patient?

Prognosis

1. Mental Health Conditions

The student's condition (eg. Anxiety, Depressive Episode) is expected to resolve/ improve/ be well managed within:

6 months

12 months

24 months

Other (please provide time frame):

Or

The student experiences:

Multiple recurrent episodes which are expected to impact on their study episodically, but continuously (eg. Schizophrenia, Bipolar, PTSD)

2. Medical Conditions (for Psychiatric diagnosis please complete Mental Health conditions above)

The student's condition is expected to resolve/ improve/ be well managed within:

6 months

12 months

24 months

Other (please provide time frame):

Or

The student's Condition is:

Ongoing and stable

Ongoing and fluctuating

Ongoing and degenerative

Likely impact on student's studies at university

Please comment on the functional impact of the student's disability and/or health condition(s) in the following areas (if relevant):

i. Classroom Participation (i.e. lecture, tutorial, workshop, group work):



ii. Coursework and Assignment completion (i.e. individual, group work, presentations):

iii. Exams (i.e. timed tasks, online and/or face to face exams):

iv. Placement or Work Integrated Learning. Please consider location, attendance, hours, supervision needs, physical restrictions:

v. Physical Access and Campus Mobility:

Please indicate if there are any side effects to current treatment(s)/medication(s) that are likely to impact on the student's ability to study:

Would you recommend the student study with a reduced study load (i.e. Part Time)?

NOTE: A full time study load is 40 Credit Points. 10 Credit Points = 10 hours of study per week

Yes No

Signed:

Date:

For more information please contact AccessAbility:

Call: (02) 4921 6622 or Email: AccessAbility@newcastle.edu.au