

# AccessAbility

## MEDICAL PRACTITIONER REPORT

AccessAbility provides support and assistance to students with a disability/health condition, which aims to ensure that students do not experience disadvantage in reaching their academic potential.

Students requesting consideration and support on the basis of a disability/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/health condition
- To provide the University with guidance regarding the effects of the disability/health condition and therefore advise of any adjustments or supports that would be appropriate in minimising its impact on study.
- To ensure that all students registered with AccessAbility are protected in accordance with The University of Newcastle policy and the Commonwealth Disability Discrimination Act (DDA) 1992.

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 information provided will be used by the University in order to offer practical assistance and advice to students related to disability/health condition.

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### STUDENT CONSENT TO RELEASE INFORMATION

**Student Number:**

I, **(Student Name)**,

hereby give my authority for

**Medical Practitioner Name:**

to release information relating to my disability/health condition(s) to AccessAbility at the University of Newcastle.

I also give permission for the AccessAbility Advisor to contact my practitioner for clarification if required.

**Student Signature:**

**Date:**

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### 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:**

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**AccessAbility**

Student Equity and Support | Student Central

P: +61 2 4921 6622 | F: (02) 4921 6900 | E: [AccessAbility@newcastle.edu.au](mailto:AccessAbility@newcastle.edu.au)



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Student Name:

Diagnosis:

Please indicate whether the primary disability/health condition is (tick all applicable):

Stable    Fluctuating    Episodic    Temporary

What time frame would you recommend for review of this student's medical documentation in regards to impact of condition/circumstances on their studies?

6 months    12 months    24 months    Other (please provide time frame):

How long have you been treating this patient?

**Likely impact on student's studies at university**

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

i. Lecture, Tutorial, Workshop Engagement, Group Work, Oral Presentation:

ii. Coursework and Assignment completion:

iii. Exams:

iv. Placement:

v. Physical Access and Campus Mobility:

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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)?    Yes    No

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

Signed:

Date:

For more information please contact AccessAbility:

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