

Summary of Medical/Health Treatment Form

This form is to be completed by a registered medical/health practitioner for a student whose work/attendance/performance during a teaching period has, or will be, affected by illness, injury or misadventure. This form assists the support staff of the University of Newcastle to make informed decisions regarding student study loads. It ensures that students requesting reduced loads have a treatment plan to manage their condition in the event that they reduce their study load.

The information you supply on this document will be available only to those staff who need access to it in order to carry out their duties. All records will be destroyed in a secure manner in accordance with the University's record keeping requirements.

1. Student Details and Authority

Student Number: _____ Surname: _____ Given Name: _____

I hereby consent to relevant information being provided by my practitioner and agree that they may provide verification of the form if requested by the University of Newcastle.

STUDENT'S CONSENT TO RELEASE INFORMATION

I hereby give my authority for _____ (Practitioner's Name) to release information relating to my condition(s) to the student support staff at the University of Newcastle

Student's Signature _____ Date ____/____/____

2. Practitioner assessment

I _____ (name), a registered practitioner declare that I had a consultation with the above student on ____/____/____ and in my opinion have:

- determined the student is suffering from _____ OR
- determined the student is suffering from an illness of a confidential nature

We have discussed the nature of the illness that the student is suffering and I have determined that in regards to the student's capacity for studies, the student has been assessed as:

Tick	Degree of Impact	From (date)	To (date)
	Totally unable to study: The condition has affected the student to such an extent that they are totally unable to undertake assessments/attend classes		
	Very severely affected: The condition has seriously impacted on the student's ability to complete an assessment tasks at their normal level of competence/attend classes		
	Moderately affected: The condition has caused considerable discomfort to the student, but has not had a severe impact upon their ability to complete assessment tasks/attend classes		
	Not affected: The condition has no impact upon their ability to undertake assessment tasks/attend classes		
	Unable to assess impact:		

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3. Prognosis:

Please indicate whether this student's health condition(s) are:

- Short Term
- Permanent
- Stable Fluctuating

If short term please provide a time frame: _____

How long have you been treating this patient? _____

4. Treatment Plan:

Please indicate what will be involved in this student's treatment plan to help them manage their condition:

Medication

Counselling

Referral to a specialist

Other: _____

Do you have a follow up appointment, when? : _____

Will the treatment plan proposed assist the student to return to full time study?

- Yes No
- Unsure _____

5. Practitioner details

Medical/Health Practitioner

Name _____

Address _____

Contact No _____ Provider / Registration No _____

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise the University of Newcastle to contact me or my office to confirm the authenticity of this document:

Medical Practitioner's Stamp

Signature: _____ Date: ___/___/___