

## Health Professional Documentation Form

Student's details and consent	
<b>Student name</b>	
<b>UTS student ID</b> (student to provide)	
I consent to the information included on this form to be provided by my nominated Health Professional, to Special Needs at the University of Technology Sydney, to assist the University to determine eligibility for the provision of support services to me, to assist me with access to my study environment, and/or to recommend adjustments.	
<b>UTS student signature</b>	<b>Date:</b>

Health Professional's details	
<b>Name</b>	
<b>Occupation</b>	
<b>Business Name and Address or Stamp or Business card</b>	
<b>Medicare provider no.</b>	
<b>Professional registration no.</b>	
<b>Signature</b>	<b>Date:</b>

Supporting information	
Additional information can be attached to this form if more space is required.	
1. Explain the nature or diagnosis of disability/medical condition.	
2. Provide information about how the disability / medical condition impacts on the students study eg. lectures, tutorials, laboratories, class participation, attendance, ability to undertake private study, exams, quizzes, assignments, presentations, online activities, group work and clinical/practical - work based learning environments. <i>Please consider: reading, writing, speaking, listening, cognitive processing, mobility, concentration, memory, fatigue.</i>	

3. If the disability / medical condition impacts intermittently, fluctuates or is episodic, what are the impacts and/or triggers on the students study during these times and usual timeframe until recovery.
4. Any side effects from medication that impacts on study
5. Recommendations to the University to assist the students study eg. specific exam provisions, length of assignment extensions, alternatives to particular assessment types
6. Please indicate the expected duration of the current impacts you have outlined above. This will assist in determining when we will need to request updated documentation in the future to continue to provide requested support
<input type="checkbox"/> Permanent (impact upon the student will remain the same)
<input type="checkbox"/> Temporary: From (insert date): _____ to (insert date): _____ or for (specify): _____ The impacts on the student's study are expected to be ongoing over the next: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> more than 4 years
7. Please indicate how many additional pages have been attached to this form (if any):