

Health Practitioner Report

To apply for *Support Plan for Medical or Disability Reasons*

Students must submit a completed copy of this report to administration@sitcm.edu.au to apply for a **Support Plan for Medical or Disability Reasons** as per [Academic Support Policy and Procedure](#). Original report must be sighted by administration staff.

To be completed by the Practitioner/Health Care Provider.

A. PATIENT DETAILS

Patient/Student Name	
Patient/Student D.O.B.	

B. DISABILITY/MEDICAL CONDITION(S)

1) Please provide a description of disability, injury, mental health or medical condition/s:			
2) Indicate which category the disability/condition best fits into:			
<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility/Physical	<input type="checkbox"/> Vision	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Neurological	<input type="checkbox"/> Learning	<input type="checkbox"/> Medical	<input type="checkbox"/> Other _____
3) Indicate whether this condition is:			
<input type="checkbox"/> Permanent			
<input type="checkbox"/> Temporary; expected to be resolved by: _____ (date)			
<input type="checkbox"/> Long Term; expected to be resolved by: _____ (date)			
<input type="checkbox"/> Fluctuating; expected to be resolved by: _____ (date)			
4) This condition is:			
<input type="checkbox"/> Stable			
<input type="checkbox"/> Improving			
<input type="checkbox"/> Degenerative			
5) In my opinion, this disability/condition will affect the following:			
	In a minor way	Moderately	Severely
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) How does the student's condition impact on their ability to undertake the full range of study activities?

7) Are there specific recommendations for reasonable adjustments that you believe assist this student to enable equal participation in their studies? *E.g. additional time to complete exams, enlarged printing, extension for assessment deadlines etc.*

8) Other comments:

C. PRACTITIONER/HEALTH CARE PROVIDER DETAILS

Name	
Title <i>e.g. GP, Psychologist etc.</i>	
Address	
Phone	

D. PRACTITIONER/HEALTH CARE PROVIDER SIGNATURE

Health Practitioner Signature	
Date	
Provider Stamp	