

## Health Practitioner Report

Victoria University is committed to providing services, study and assessment accommodations which aim to minimise the impact on learning for students with health conditions or a disability and to enable full and equal participation in university life.

In order to meet its obligations under the *Disability Discrimination Act 1992 (Cth)*, Accessibility Liaison Officers identify reasonable adjustments and services after receiving this report, completed by the student's Health Practitioner.

Note: Documentation for Learning Disabilities must be from a qualified Educational Psychologist, be dated within the past 3 years and contain results and recommendations from a series of comprehensive and recognised tests.

Recommendations in this Health Practitioner Report are included in a learning Access Plan to inform academic and administrative staff about reasonable academic adjustments and accommodations to learning and assessment programs.

The purpose of documentation is to provide medical evidence to support academic accommodations. Confidentiality in accordance with Victoria University's Privacy Policy is assured and information about impacts on learning is shared only with the student's prior consent and only on a need to know basis.

**Student Authority for the Provision of Information:** (to be completed by the student)

Student Name: \_\_\_\_\_ VU Student ID: \_\_\_\_\_

**I hereby authorise the Health Practitioner to provide the information below or in any attachment, and I authorise Victoria University to seek further information from the practitioner if necessary.**

Student Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

## Instructions to Treating Practitioner

Please complete the following report regarding the authorised student and return documentation to the student or directly to Accessibility Services at Victoria University.

Should you have any queries or concerns regarding this process please feel free to contact Accessibility Services at:

Email: [accessibility@vu.edu.au](mailto:accessibility@vu.edu.au)

Phone: (03) 9919 5400 Student Wellbeing

PO BOX 14428

Melbourne Victoria 8001, Australia

**Deaf/Hearing Impaired Callers: TTY 133677 (National Relay Services) and ask for (03) 9919 9561**

## To be completed by Health Practitioner

### STUDENT DETAILS

Name of student..... VU Student ID No.....

Is the student the sole carer to a person with a disability?  Yes  No

### DISABILITY/HEALTH CONDITION DETAILS

#### Please select Disability type

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic illness/medical condition | <input type="checkbox"/> Mobility/Physical            |
| <input type="checkbox"/> Learning Disability               | <input type="checkbox"/> Neurological                 |
| <input type="checkbox"/> Mental health                     | <input type="checkbox"/> Sensory                      |
| <input type="checkbox"/> Intellectual                      | <input type="checkbox"/> Other (please specify) ..... |

Name of disability or medical condition.....

#### Indicate duration

- Permanent  Ongoing  Temporary < 6 months

#### Indicate nature of condition

- Fluctuating  Constant  Improving  Degenerating

How does the disability/medical condition **impact** on the student's ability to study/participate in education?

E.g.: Reduced ability to concentrate, fatigue, chronic pain, etc.

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**What strategies would you recommend to minimise the impact of the disability/medical condition?** (e.g. short extensions to complete written assessment, extra time in examinations, regular rest breaks, reduced study load)

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**Health Practitioner Details**

Full Name .....  
Position .....  
Contact Number .....  
Business Address .....  
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**This report must be accompanied by the Health Practitioner's stamp or business card:**

Please sign below:

Signature ..... Date ..... / ..... / .....