

Higher Education Medical Impact Statement Form



STUDENT INSTRUCTIONS

Please complete this form using CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X).

This Medical Impact Statement is provided for use by students of TAFE Queensland's Higher Education Courses in the following circumstances:

- where deferred assessment is being sought on medical grounds;
- where an extension on the due date for submission of an assignment is being sought on medical grounds;
- as supporting documentation with a request for withdrawal without academic or financial penalty;
- in all other circumstances relating to TAFE Queensland where documentary evidence is required of a medical condition.

CONTACT AND COURSE DETAILS (PLEASE USE BLOCK LETTERS AND PRINT YOUR NAME IN FULL)

TAFE Student Number		Course Code	
First Name		Last Name	
Mobile No.		Email Address	
International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL EVIDENCE

Medical Practitioner confirmation **MUST** include:

- when the patient was examined; and
- when the illness commenced; and
- when the illness ended (if applicable); and
- how the nature of your "medical condition" affected your ability to complete your assignment/exam by its due date; and
- in cases of medical certificates dated more than two (2) working days after the date of the assessment task, the Medical Practitioner must have explained how the nature of your condition made it impossible, or unsafe, for you to have obtained a Medical Certificate sooner.

STUDENT AUTHORITY FOR RELEASE OF INFORMATION

Student Name: _____ Student ID Number: _____

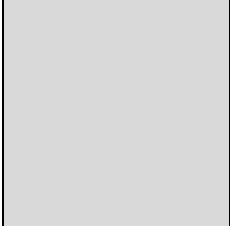
I authorise the medical practitioner listed below to release the information given on this document to TAFE Queensland.

Signature: _____ Date: _____

MEDICAL IMPACT STATEMENT - for completion by the Medical Practitioner

The statement must be completed by a registered medical practitioner and have the practitioner provider stamp affixed. (Examination is the same as a video consultation or a physical examination)

Name of practitioner:		Contact telephone:	
Provider number:		Address:	
Date of examination:			
Patient's date of birth:		Patient's name:	
Date circumstances / illness commenced:		Date circumstances / illness no longer evident (if applicable):	
We have discussed the nature of the illness/issues the patient is suffering and I have determined that the student is unable to meet their learning/assessment requirements.			From To

My assessment of the patient's condition was based on:		Provider's stamp  <i>If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to the form.</i>
<input type="checkbox"/>	An examination of the patient	
<input type="checkbox"/>	Information provided by the patient	
<input type="checkbox"/>	I am unable to assess how this illness would affect the patient's capacity to attend a formal exam	
<input type="checkbox"/>	Other ...	
Are you this patient's regular Medical Practitioner?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Within the limits of patient confidentiality, please state how the nature of the problem/illness/difficulty experienced by the patient over the above period has affected their ability to complete their assessment /exam by its due date. *Include whether the medical situation was unexpected and/or unavoidable or how the nature of their condition made it impossible, or unsafe, for them to have obtained a Medical Certificate sooner.*

In my opinion, the patient's medical condition will affect the following: *(please tick)*

	Unable to assess impact	Not affected	Moderately affected	Severely affected
Lectures/tutorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Medical Practitioner Signature: _____ Date: _____