

**Student Services – Medical Information Form**

***This form is intended for use by students who wish to register with Student Services – Diversity Disability and Inclusion.***

Students wishing to access disability support at the University of Queensland must provide relevant supporting documentation from a treating health professional on this form, or in a letter or report which meet the guidelines found at [www.uq.edu.au/myadvisor/docs/academic-adjustments.pdf](http://www.uq.edu.au/myadvisor/docs/academic-adjustments.pdf).

Student Details:

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| **Given name:** |   | **Date of birth** |   |
| **Surname/Family Name**  |  | **Student ID** |  |  |  |  |  |  |  |  |

***Qualified Health Practitioner to complete remainder of form:***

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| **Name (print):** |  | **Treating professional’s** **AHPRA number / stamp** |
| **Occupation:** |  |
| **Signature:** |  |
| **Date:** |  |
| **AHPRA Number:** |  |  |

**Disability/ Medical Condition details:** Type of condition:

(Tick appropriate box –)

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|  [ ]  ADD/ADHD |  [ ]  Learning  (please attach report) |  [ ]  Hearing |  [ ]  Injury |
|  [ ]  Neurological |  [ ]  Mental Health |  [ ]  Mobility Issues |  [ ]  Vision  |
|  [ ]  ASD |  [ ]  Other Medical Condition (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Diagnosis:** Please provide details of diagnosis & attach any relevant documentation/ specialist reports/ diagnostic evidence

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|  | **Date of Diagnosis:** |  |
| **Expected****Duration:** |  󠄀[ ]  Temporary Expected date of Recovery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  󠄀[ ]  Fluctuating Next review date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  󠄀[ ]  󠄀 Permanent Is there any expectation of change in symptoms over time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Treatment / Side Effects** |  Please provide details of any treatment/ medication side effects that may impact on any area of study: |
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**Information relevant to providing appropriate adjustments/ accommodations**

**Impact on studies:** How does the student’s diagnosis impact on their studies? (E.g. difficulty with concentration, fatigue, difficulty getting around campus)

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**Recommendations for Adjustment:** Please recommend ways that you feel the university could assist in providing support to the student, based on the functional impacts outlined above

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