Description: UQlogoC-RGB-150px.jpg

**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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