



# Medical Impact Report

## Student Learning Equity & Access

EXCELSIA COLLEGE provides services, study and assessment accommodations/adjustments for students with temporary medical conditions which aim to reduce the impact of these conditions to their learning and course progression. To assist EXCELSIA COLLEGE in providing the most appropriate support for this student, could you please provide the following information in relation to the student whose agreement to this release of information is below.

**Note: While this form may be used for medical clearance purposes, it also supports the implementation of reasonable and necessary adjustments and supports for capacity building. Please also note that it is understood that an assessment of a mental health condition cannot necessarily be made in just one session, therefore it is assumed in these cases that at least TWO consultations have taken place prior to this assessment being made.**

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### SECTION 1: Completed by Student

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

*I hereby consent to relevant information being provided by my medical/health practitioner (identified below) and agree that they may provide verification of this report if requested by Excelsia College. I understand that I must retain the originals of any documents submitted in support of any application or request, and that Excelsia College may require the originals to be supplied at any time during my enrolment until my degree has been conferred, or my enrolment otherwise terminated. I further understand that if I am found to have knowingly provided anything false or misleading in my application that this will be grounds for immediate cancellation of my enrolment.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SECTION 2: Completed by a Registered Specialist Medical / Health Practitioner

*Please read the guidelines on the last page prior to completing this form. This form must be completed by a Registered Specialist Medical / Health Practitioner and **not** by a General Practitioner (GP).*

I, \_\_\_\_\_ (name), a registered specialist medical / health practitioner, declare that I have had \_\_\_\_\_ (number) consultations with \_\_\_\_\_ (student's name) in regard to this condition. The first consultation was on \_\_\_\_\_ (date) and the most recent was on \_\_\_\_\_ (date).

In my expert opinion, I have determined that:

- The student is diagnosed with / experiencing \_\_\_\_\_

or;

- The student stated that they are experiencing \_\_\_\_\_

however, I am unable to make an assessment as symptoms are no longer present.



We have discussed the nature of the circumstances that this student is experiencing and I have determined that in regard to the student's capacity to attend classes, complete assessment tasks or sit examinations, the student has been assessed as:

Tick	Degree of impact (select which best applies by placing a tick in the left column and selecting the options that apply)	From (date)	To (date)
	<b>Minor</b> – the condition is not serious and has not had a significant impact on the student's ability to: <input type="checkbox"/> attend class <input type="checkbox"/> complete assessments <input type="checkbox"/> sit an examination <i>(tick all that apply)</i>		
	<b>Moderate</b> – the condition has caused considerable discomfort but has not severely impacted their ability to: <input type="checkbox"/> attend class <input type="checkbox"/> complete assessments <input type="checkbox"/> sit an examination <i>(tick all that apply)</i>		
	<b>Severe</b> – the condition has severely affected the student's ability to do the following: <input type="checkbox"/> attend class <input type="checkbox"/> complete assessments <input type="checkbox"/> sit an examination <i>(tick all that apply)</i>		
	<b>Total incapacitation</b> – the condition has affected the student to such an extent that they are totally unable to: <input type="checkbox"/> attend class <input type="checkbox"/> complete assessments <input type="checkbox"/> sit an examination <i>(tick all that apply)</i> e.g. bedridden, hospitalised, etc.		

**Treatment plan:** *(complete this section if you have ticked 'Severe impact' or 'Total incapacitation')*

What treatment plan have you recommended for the student to ensure they are able to recover and return to studies by the date indicated above:

**Further comments:** *(optional)*

**Practitioner's Details**

Practitioner Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Practitioner Type: \_\_\_\_\_ (e.g. psychiatrist, counsellor, surgeon, cardiologist, etc.)

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Provider / Registration No. \_\_\_\_\_

*By signing below, I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise Excelsia College to contact me or my office to confirm the authenticity of this document.*

**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Guidelines for the Practitioner

We, at Excelsia College, thank you in advance for your care and support of our students and for assisting us to better assess the impact of their illness or injury. The information you provide here will ensure that the student's application process is fair and equitable to all concerned.

The below guideline has been written to assist you in better understanding the purpose of the Medical Impact Report as part of the student's application process, which they will use to apply for an amendment to their study pattern or course progression. Legislation (known as the ESOS Act) makes any application for an amendment to course progression especially important for overseas students. Under the requirements of this act, any such amendment to a student's progression can only be made under strict circumstances, making it imperative for us to obtain a true and thorough assessment from yourself on any conditions that may impact their ability to study.

### 1. For what purpose is the Medical Impact Report used?

This report is included in the application that a student submits to Excelsia College for any type of amendment to their course progress due to medical reasons, such as taking a leave of absence or reducing their study load. It will be used to verify the student's claim and to determine the type of consideration they should be given according to their circumstances.

The information you supply on this document will be available only to those staff who require access to it in order to carry out their duties, which are done in accordance with our privacy policy.

### 2. For what reasons can a student amend or alter their course progression?

Students can apply to alter their course progression in circumstances of acute illness or condition, or an extraordinary circumstance which has directly impacted their ability to complete their required studies. Please be aware that Excelsia College has a variety of support services available for students who may be experiencing chronic illness, disability, or trouble with mental health. They include counselling services and other measures of support offered by our Student Support Centre, all of which are free of charge to students. Please feel free to recommend these services as part of your treatment plan.

### 3. What information must a Medical Impact Report include?

All sections of the report must be completed for the report to be valid. The report must be completed by a registered specialist practitioner (not a General Practitioner), who is not a family member and does not have a close or personal relationship with the student.

Please issue the report in line with guidelines provided by your professional association and only in respect of an illness, injury, or extraordinary circumstances that you have observed. Please do not provide post-dated statements, as these will not be accepted by the College.

For further information about this report or to raise any concerns, please contact us on (02) 9819 8860 or email [student.services@excelsia.edu.au](mailto:student.services@excelsia.edu.au).