



## Health Practitioner Report

### Part A – Student to complete

This form is to be completed by your usual treating practitioner or specialist to support your request for alternative requirements.

For conditions that require diagnosis by a specialised practitioner, please provide this form to the relevant practitioner or provide Access and Inclusion with previous documentation confirming the diagnosis by that practitioner. This includes conditions such as ADHD, autism spectrum disorder and specific learning disabilities such as dyslexia, dysgraphia, and dyscalculia. Additional supporting documents may be required.

Please sign below to authorise the Accessibility Advisor to contact the practitioner who has completed this form to discuss or clarify information, if required.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

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

### Part B – Practitioner/specialist to complete

Please forward this completed form and any supporting documentation to [access@murdoch.edu.au](mailto:access@murdoch.edu.au) OR fax the documents to 08 9360 6502 OR return them to the student in a sealed envelope.

The information that you provide will be used in conjunction with information from the student, assessment by Access and Inclusion, University processes and the *Disability Discrimination Act 1992* and *Disability Standards Education 2005* to implement study adjustments.

1. Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2. Name and job title of practitioner or specialist (registered with Australian Health Practitioner Regulation Agency or appropriate medical practitioners' registration board or authority in respective countries) completing this form:

\_\_\_\_\_

3. Medical practitioner registration number: \_\_\_\_\_

4. Diagnosis of student's disability/medical condition(s): *NB: for conditions that require a diagnosis by a specialised practitioner, please also provide documentation confirming the diagnosis by that practitioner. For example, ADHD, autism spectrum disorder and specific learning disabilities e.g. dyslexia, dysgraphia, and dyscalculia.*

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## Confidential

5. Please indicate if the above condition is permanent or temporary (provide date condition is expected to be resolved):

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6. Please indicate if the above condition is episodic/periodic, chronic, mild, moderate, or severe:

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7. List the functional impacts of the condition as they apply to this student, e.g., inability to sit for long periods, fatigue, loss of concentration, medication effects etc. This information will be used by Access & Inclusion in determining relevant study adjustments.

8. Outline any specific considerations for study adjustments (optional).

Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Provider Stamp**

**Please contact Access & Inclusion Office on +61 8 9360 6084 if you have any queries.**