



# Health Declaration for Special Consideration in Final Examinations

- **FOR ASSESSMENT THROUGH STUDENT HEALTH** this form will be completed after your visit and emailed to you and the Examinations Office (who will upload the form to your online application for Special Consideration)
- **FOR ALL OTHER HEALTH PROVIDERS** please have the Health Professional complete the assessment in Part B, and then you must scan and upload the completed form to your online application for Special Consideration

## PART A: DECLARATION TO BE COMPLETED BY THE STUDENT/APPLICANT

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

Examinations(s) affected (e.g. PHIL111, PSYC222): \_\_\_\_\_

Overall dates of impairment (please provide further details in table below): \_\_\_\_\_

Describe your impairment in **general terms**: (note that specific and/or sensitive personal details are not required on this form)

Please indicate the degree to which you were impaired within the timeframe specified above. Level of impairment may vary across this timeframe so complete **one or more boxes** below (e.g. Very restricted: 1 October – 3 October; Restricted: 4 Oct – 7 Oct).

Impairment Level	Dates at this Level of Impairment (e.g. 1 October – 3 October 2017)
Unable to study or attend examinations	
Very restricted in ability to study for or attend examinations (Ability to study for, or sit, examinations severely restricted)	
Restricted in ability to study for or attend examinations (Able to study for and sit examinations, but with clear and significant impairment)	
Somewhat restricted in ability to study for or attend examinations (Moderate impairment in studying for or sitting examinations)	

The information which I have provided is true and correct to the best of my knowledge. I give my consent for my Health Professional to disclose health information relevant to my application for Special Consideration. I understand that this disclosure is limited to information related to my application for Special Consideration.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Completion of this form does not constitute an application for Special Consideration – please remember to apply online via eVision

## PART B: DECLARATION TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Regardless of any other evidence for Special Consideration in this case, it is my assessment as a health professional that (Please tick one box; assessment may be based on health professional's best estimate of expected impairment given particular medical circumstances)

- The medical evidence provides strong and/or conclusive support of the student's self-assessment of impairment
- The medical evidence is not conclusive, but provides reasonable support for the student's self-assessment of impairment
- The medical evidence is insufficient to support the student's self-assessment of impairment
- The medical evidence is inconsistent with the student's self-assessment of impairment

Please provide any brief explanatory comments (may include health professional assessment of alternative level of impairment and/or dates affected, if different from student's self-assessment)

By what date might you expect this student's condition to have improved such that impairment is unlikely to significantly impact on studying for, or sitting, examinations?

Date

Health Professional Name: \_\_\_\_\_

Profession: \_\_\_\_\_

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

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

Name, address and telephone number of medical practice:

Certifier's Stamp