

Medical/Health Professional Assessment Form



Student Details - to be completed by student			
Surname		Given names	
Teaching Period		Census Date	
Studies affected in year (e.g. 2025)			

Medical/Health Professional Assessment – Please complete all sections A to I

A. The above-named student consulted with me most recently on these dates:			
B. I have been this person’s treating doctor since:			
C. Does this student have a condition which has affected their capacity to complete their units in the above-mentioned teaching period?			Yes / No
D. Does this student have an ongoing condition (i.e. existing before the Census Date)?			Yes / No
E. Has this condition worsened since the above-mentioned Census date?			Yes / No
Occurred On:		Worsened On:	
F. In my professional opinion, the student will be/was fit to resume studies from:			
G. As this student’s medical/health professional, I would support and recommend:			
	Full study period withdrawal (no units/studies to be undertaken in the above-mentioned teaching period)		
	Partial withdrawal (reducing study load) with the student fit to complete units in the above-mentioned teaching period		
	No withdrawal from unit/s, student was/is fit to continue with their studies in the above-mentioned teaching period		
H. Please confirm your health assessment opinion from one of the following three options:		History supplied by the student alone	
		Supported by additional evidence	
		History working with/supporting the student	
I. Please outline why a reduced study load or break from study is/was required:			

Medical/Health Professional Declaration and Details

Name	
AHPRA Registration Number	
Address of practice	
Signature	
Date:	