

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:	