Medical Impact Statement
(Change of Education Provider)

ECU EDITH COWAN UNIVERSITY

Overview

Guidelines for students:

This form is intended to support international student visa holders seeking release from Edith Cowan University on medical grounds.

To be considered valid, the following requirements must be met:

- The student must be within the first six (6) months of their principal program and seeking to study at another registered education provider in Australia
- This form must be submitted alongside a completed Overseas Student Transfer Request
- The form must be completed by an authorised medical practitioner from the list below

This form is only intended to support students seeking release. If you require a medical form to support other ECU processes, please search for the relevant Ask Us page.

Who can complete this form?

This form may be completed by one of the following:

a) a medical practitioner registered with the *Medical Board of Australia*;

b) a psychologist registered with the *Psychology Board of Australia*;

c) a medical radiation practitioner registered with the *Medical Radiation Practice Board*;

d) a counsellor registered with an Australian professional body for counsellors; or

e) the equivalent of any of the above who is accredited/registered in a jurisdiction outside Australia.

It should not be completed by a health practitioner who is a family member of, or has a close personal relationship with the student, or by an employee of the provider the student wishes to transfer to.

The form must describe the nature and seriousness of the student's condition so that an assessment of the possible effects of the condition on the student's ability to study at Edith Cowan University can be made.

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Health / Medical Practitioner to complete:

Student Details	
Name of Patient:	
Patient Date of Birth:	

Assessment Details	
Date(s) on which Student was seen:	

Nature of Condition:
(Please indicate the potential impact this may have on the student's ability to study at Edith Cowan University)

Assessment of Severity of Condition			
Mild ☐	**Moderate** ☐	**Severe** ☐	**Student is hospitalised** ☐

Impact on Sudy:
(In your opinion, what is the likely impact on the student's ability to study at Edith Cowan University)

Mild ☐	**Moderate** ☐	**Severe** ☐

Duration of Condition:
(In your opinion, what is the likely duration of the condition impacting the student's capacity to study)

Short-term (1 – 4 weeks) ☐	**Medium-term (up to 6 months)** ☐	**Long-term (> 12 months)** ☐

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Recommendation			
In your professional opinion, does the student's medical condition require their return to their home country for appropriate care and support? (circle response)			
Yes, I recommend the student return home.	Yes / No	The student has capacity to continue their studies in Australia with appropriate support.	Yes / No
If the student has capacity to continue studies in Australia, please describe how transferring to another institution could positively influence their health and assist in their capacity to study?			

Signature

By signing this form, I declare that I meet the requirements set out in the "Who can complete this form" section above, and that the information I have provided is based on my professional examination and opinion.

Practitioner name:			
Registration / Provider number:			
Address of Practice			
Practice telephone number:			
Email:			
Signature:		**Date:**	

Student Permission (Student to complete)

By signing this form, I give permission for Edith Cowan University to contact my health practitioner to verify the information on this form, if needed, and for relevant information to be provided by my health practitioner to Edith Cowan University.

Student Signature:		**Date:**	