



Support for Study at TAFE

## **MEDICAL REPORT**

### **ATTENTION: MEDICAL PRACTITIONER – HEALTH PROFESSIONAL**

Government legislation requires TAFE to provide students who have a disability with appropriate support and reasonable adjustments. By providing some patient information, to the Physical Disability Unit, you will ensure he/she receives the appropriate assistance, and you will help us prioritise the use of TAFE's limited resources.

The student has agreed, in writing, to the release of information to TAFE, about his/her condition. All documentation you provide will remain confidential, and will only be reviewed by an appropriately qualified Teacher/Consultant.

The Teacher Consultant of the Physical Disability Unit is most specifically interested in how your patient's condition impacts on his/her ability to study at TAFE; particularly in terms of pain, concentration, mobility, and functional abilities.

This information will be used to develop an individual education support plan for the student, to enable him/her to access study conditions comparable with other students. It is therefore important your statements are as clear and specific as possible. The name, profession, signature and telephone number of the person completing this section of the application form **must be provided**.

Please attach any additional statements or reports that you feel may be relevant.

If you have any questions about completing the attached report, or would like to speak directly to the Teacher/Consultant for Students with Physical Disability at the Hunter Institute, please do not hesitate to contact **Michele Whenman** on **(02) 4348 2291**.



**MEDICAL REPORT RELATING TO SUPPORT REQUIRED FOR STUDY AT TAFE**

**Permission for Release of Information.** *To be completed by student*

I, \_\_\_\_\_ (*please print your name*) hereby authorise my medical practitioner (or health professional) to provide Michele Whenman, Teacher/Consultant; Physical-Medical Conditions, with information about how my disability will affect my functioning in a TAFE course. I understand that this information will remain confidential.

\_\_\_\_\_ [Signature] \_\_\_\_\_ [Date]

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MEDICAL REPORT – [to be completed by my medical practitioner/health professional]

PROFESSION'S NAME: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Does the student have a:**

Physical Disability

Neurological Impairment

Specific Learning Disability

Psychiatric Disability

**What is the diagnosis?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the Diagnosis:

*Continued on next page*

**MEDICAL REPORT** – *continued*

Please comment on how the condition may affect the student’s day to day functioning in the classroom and beyond the classroom, where appropriate.

Describe the likely effect on the student’s performance at the time of examinations or assessment including essay writing.

(Please attach any relevant reports) e.g.

Mobility disadvantage / walking distance / parking needs

Dexterity limitations / hand function – writing tolerance

Limited pain threshold (*back/arms/hands*)

Detrimental side effects of medication (*drowsiness/concentration*)

Effect of chronic illness (*attendance/hospitalisation*)

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*Please return to:*

*Michele Whenman – Teacher/Consultant – Physical Disability*

*Gosford Disabilities Unit, Locked Bag 23, GOSFORD. NSW. 2250*

**PHONE: 4348 2291 Confidential Fax: 4348 2295**