



What is a Medical Impact Statement?

A Medical Impact Statement can be used as a supporting document by the University of Wollongong in their assessment of a student's application for an enrolment variation if their ability to study has been impacted by a medical illness, injury or adverse experience has impacted on the students physical or mental wellbeing. The requirement for supporting documentation is detailed in the [Compassionate and Compelling Circumstances Guideline](#). This form is to be completed by a Medical Practitioner who is registered with the Australian Health Practitioner Registration Agency (AHPRA) if a student's capacity to study has been affected by a medical illness or injury.

Circumstances where a Medical Impact Assessment can be used as Supporting Documentation

If you are requesting an enrolment variation due to a medical illness or injury you must provide supporting documents from an AHPRA Registered Practitioner. A Medical Impact Statement provides the Registered Practitioner guidance regarding the information the University of Wollongong requires to make a determination for your request.

Supporting documents are required for the following processes:

- Reduced Study Load (international students only)
- Taking a Leave of Absence (international students only)
- Deferring of course commencement (international students only)
- Transferring to a different institution before completing 6 months of study (international students only)
- Fee Remission / refund in Special Circumstances
- Academic Consideration

Who Can Complete a Medical Impact Assessment?

The Medical Impact Statement can only be completed by a Medical Practitioner who is registered with the Australian Health Practitioner Registration Agency (AHPRA). The following are acceptable Practitioners:

- Medical Practitioner
- Psychologist

Student Declaration (to be completed by student)

Please note, if the University is unable to verify the information on this form or if the information on the form is found to be altered and/or falsified you may be referred to the Primary Investigation Officer and/or legal authorities for the appropriate intervention, which may include University exclusion, suspension and/or legal penalties. Please refer to the [Student Conduct Rules](#).

Incomplete forms will not be accepted, please ensure that the following information is included: the practitioner's name, contact details, provider or registration number and signature, the date of the consultation, an assessment by the practitioner of the duration and degree of impact on the student's ability to attend classes, study/sit exams, or complete assessment tasks., and the date the form was written and signed.

In signing this form,

- I declare that all the information I have given in this application is true, correct and complete, and is not false or misleading.
- I give permission for the Practitioner to provide the information requested in the Practitioner section of this form.
- I understand the University may contact the practice to verify the authenticity of the information provided in this document.

Student Number: _____ Student Full Name: _____

SOLS Username: _____ Date of Birth: _____

Student Signature: _____ Date: _____

The University collects the personal information from the student identified above to enable their request for an enrolment variation to be considered. Personal information held by the University is subject to the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW). The provision of personal information is voluntary, but if a student does not provide the information requested the University may be unable to process their request. The UOW Privacy Policy details UOW's commitment to protecting the privacy of your personal and health information. Students who wish to access or inquire about the handing of their personal information may do so by contacting the UOW Privacy Officer <https://www.uow.edu.au/privacy>.

Medical Impact Statement



Purpose of Assessment

We appreciate your help in providing information regarding this Student's wellbeing. The information provided will enable the University to make an informed decision on the *severity and impact* of the student's illness/injury and how the circumstances have affected the student's ability to study or attend classes. Details of medical diagnosis are NOT required.

Practitioner Assessment

Date of Consultation: _____

I, _____ (name), a registered medical-practitioner, declare that I had a consultation with _____ (student's name) and in my opinion have determined:

- the student is diagnosed with/experiencing _____ **OR**
 the student is experiencing an illness of a confidential nature

I have assessed the nature of the illness that this student is experiencing. I have determined that in regard to the student's capacity to attend classes, complete assessments or study/sit an examination, the student has been assessed as:

Degree of Impact – Please select one of the below and indicate impacted dates	From (date)	To (date)
Minor Impact: the condition is not serious and has had a minor impact on the student's ability to attend class/complete assessment(s) sit an exam.		
Moderate Impact: the condition has caused considerable discomfort and has had a moderate impact on their ability to attend class/complete the assessment task/sit an examination or undertake study full time.		
Severe Impact: the condition has severely affected the student and they are unable to attend classes/complete the assessment(s)/sit an examination and do not have capacity to study at this time.		

Additional Comments:

Please provide a plain English description of any restrictions on the student's academic functioning. If the duration of impact has been back dated, please provide the reason:

I confirm that this patient is under my care and has a **treatment** plan.

- the treatment plan is confidential **OR**
 the treatment plan is as follows: _____

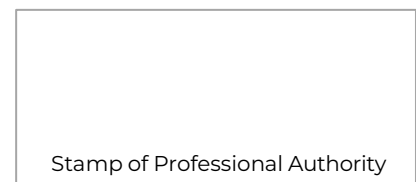
Title and Name: _____

Healthcare Profession: _____

AHPRA Registration Number: _____

Practice Contact Number: _____

Medical Centre/Practice Contact Details: _____



I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise the University of Wollongong to contact me or my office to confirm the authenticity of this document.

The University collects the personal information from the student identified above to enable their request for special consideration to be considered. Personal information held by the University is subject to the Privacy and Personal Information Protection Act 1998. Where the information collected includes health information as defined under the Health Records and Information Privacy Act 2002, references to personal information in this notice will be taken to also apply to health information. The University may disclose the personal information provided on this form to other University staff involved in the processing and assessment of the request for special consideration. The University will not otherwise disclose the information unless it has the student's consent, or such disclosure is permitted or required by law. The provision of personal information is voluntary, but if a student does not provide the information requested, the University may be unable to process their request. Students who wish to or inquire about the handling of their personal information may do so by contacting the University Privacy Officer by email at icu-enquiry@uow.edu.au.

Practitioner's Signature: _____ Date: _____