

SPECIAL CONSIDERATION MEDICAL FORM



PART B: CATEGORY OF HEALTH CONDITION - TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Student Name: _____ Student ID: _____

Date of Consultation: _____ Other relevant consultation dates: _____

The assessment of the student's condition was based on:

- An in-person examination of the student; OR
- Information provided by the student (not face-to-face)

H.D.B.R.G.(WA15C qWI)40/H)7 AC0/A-_(A)40/TY 2

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by the student over this period:

In your opinion, please choose the most relevant option which describes if the student has:

- A Short-term / "acute" health condition or incident; OR
- A Chronic / ongoing health condition; OR
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PART C: IMPACT ON STUDY - TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Please evaluate the severity and impact