

## Medical Impact Statement (MIS)

Special consideration is specifically intended to support students who have **recently** experienced **short-term, adverse** and **unforeseen** circumstances that substantially impacted on their ability to complete an assessment task to the best of their potential.

La Trobe University requires a Medical Impact Statement (MIS) to be completed by a registered health practitioner for applications made on medical grounds (including an exacerbation of psychological and other conditions **already under treatment**).

A medical evaluation allows the University to make an informed assessment of how a student's current health condition impacts their academic ability.

Please be advised the University may contact the listed health professional for clarification of the condition and to confirm details of any treatment plan, including the date and time of the consultation.

### Student to complete

1. Your details			
Name:		Student ID number:	
2. Authorisation			
<ul style="list-style-type: none"> <li>I hereby authorise La Trobe University to contact the health practitioner to confirm the accuracy and authenticity of this document.</li> <li>I understand that I must retain the originals of any documentation submitted in support of an application for special consideration and the University may require the originals to be supplied at any time during my enrolment.</li> </ul>			
Signature:		Date:	

**MIS must be submitted online within five working days from the date your application for special consideration was submitted.**

The remainder of this form is to be completed by a medical/health professional only

- Please issue this certificate only in respect of **an injury or illness you have observed, or your previous treatment history with the student.**
- For chronic health conditions, only complete this form if there has been **a considerable and unpredictable exacerbation of symptoms** that have impacted the student's academic function.

1. Consultation details	
Student name:	
AMA members please note: When providing certification for an illness that occurred prior to the date of the consultation please apply AMA Guidelines.	
Is the student a new or returning patient?	<input type="checkbox"/> New <input type="checkbox"/> Returning
I manage a pre-existing condition for this student	<input type="checkbox"/> Yes <input type="checkbox"/> No
The student consulted with me on the following date(s)	DD / MM / YYYY    DD / MM / YYYY

**PLEASE CONTINUE TO PAGE 2**

## 2. Student circumstances and impact

☐ I have determined **OR** ☐ The student reports they are suffering from:

We have discussed the nature of the illness or condition that the student is suffering and **I have determined that the impact on the student's ability to complete assessment tasks is as follows:**

Impact	From (date)	To (date)
<input type="radio"/> <b>Total incapacitation</b> The impact of the condition is extremely serious in nature and the student is affected to the extent that to sit/complete the assessment/s is not possible (e.g. bedridden, hospitalised, psychosis or broken dominant hand).		
<input type="radio"/> <b>Severe impact on the assessment task</b> The impact of the condition is serious in nature and the student is severely affected. The student cannot sit/complete the assessment/s or the level of performance will be severely affected (e.g. glandular fever, acute exacerbation of depression or anxiety which is already under treatment).		
<input type="radio"/> <b>Moderate impact on the assessment task</b> The impact of the condition is not severe and the student's ability to sit/complete the assessment/s is moderately affected (e.g. severe anxiety or depression, a virus which has caused some discomfort but has not had a severe impact on the student's ability to undertake the assessment/s).		
<input type="radio"/> <b>Minor impact on the assessment task</b> The impact of the condition is not serious and has not had a significant impact on the student's ability to sit/complete the assessment/s (e.g. common cold or headache where over-the-counter medication enables the student to undertake the assessment/s without a serious impact).		
<input type="radio"/> <b>No impact on the assessment task</b> The condition does not have an impact on the student's ability to complete the assessment (e.g. normal range of anxiety about sitting an exam or meeting deadlines).		
<input type="radio"/> <b>Unable to assess the impact on the assessment task</b> The impact of the condition is not able to be determined (i.e. the condition cannot be diagnosed; there is no visible/discernible condition).		

**In my opinion, the student is unable to undertake the following task(s):**

Write <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No Speak <input type="checkbox"/> Yes <input type="checkbox"/> No	Commute <input type="checkbox"/> Yes <input type="checkbox"/> No Type/use computer <input type="checkbox"/> Yes <input type="checkbox"/> No Sit/stand for an extended time <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No (please specify)
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For a long term medical condition only:

- Is this an exacerbation of a long-term medical condition?
- Is this a recently diagnosed long-term medical condition?

Additional comment if required:  
☐ Yes ☐ No  
☐ Yes ☐ No

**In my opinion, the student will be fit to resume studies from:**

DD / MM / YYYY

## 3. Declaration

☐ I declare that:

- the student presented to me in person
- the information herein is based on my professional opinion/examination and/or the student's medical history
- I am not a family member and do not have a close or personal relationship with this student

Name:		Stamp
Provider number:		
Address of practice:		
Practice telephone number:		
Signature:		Date: