


MEDICAL IMPACT STATEMENT (To be completed by Professional Practitioner)

Information for practitioner: The purpose of Special Consideration is to give a student, whose work for a particular piece of assessment has been adversely affected by an extraordinary event beyond their control, a further opportunity to demonstrate their ability. Special Consideration is intended for acute illness / condition or an extraordinary circumstance.

AMA members please note: When providing certification on an illness that occurred prior to the date of the consultation, please apply AMA Guidelines.

On (date/s of consultation) _____

I, _____ a registered medical/health practitioner examined _____

Practitioner Name in BLOCK LETTERS

Student Name in BLOCK LETTERS

I have determined that he/she is suffering from: _____

OR The student states that he/she is suffering from: _____

The condition is (please tick one) days weeks months ongoing

IMPACT ASSESSMENT

Impact	From	To
<input type="checkbox"/> Total incapacitation The impact of the condition is extremely serious and the student is affected to the extent that to sit an examination, or to complete an assessment, is not possible. (e.g. bedridden, hospitalized, broken dominant hand)		
<input type="checkbox"/> Severe impact The impact of the condition is serious in nature and the student is severely affected. The student cannot complete the assessment/s OR the level of performance in an examination will be severely affected. (e.g. wisdom teeth extraction, glandular fever or severe migraine)		
<input type="checkbox"/> Moderate impact The impact of the condition is not severe and the student's ability to complete the assessment is moderately affected. (e.g. a virus which has caused some discomfort but has not had a severe impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> Minor impact (able to be alleviated with non prescription medications) The impact of the condition is not serious and has not had a significant impact on the student's ability to complete assessment/s. (e.g. cold, headache or period pain with no other associated conditions, where over-the-counter medication will resolve the pain with no serious impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> No impact The condition does not have an impact on the student's ability to complete the assessment/s. (e.g. normal range of anxiety about sitting an examination)		
<input type="checkbox"/> Unable to assess The impact of the condition is not able to be determined. (e.g. the condition cannot be diagnosed; there is no visible / prevalent condition)		

IMPACT DESCRIPTION

Please describe in the comments section below whether the student's condition impacts on:

1. Ability to complete an oral task	3. Ability to complete a written examination	5. Ability to concentrate
2. Ability to sit for sustained periods	4. Ability to travel	6. Other (please describe)

Comments:

If the stamp does not contain all of the following, please complete as appropriate:		Professional Practitioner's stamp
Medical/health practitioner's registration no.		
Address of practice		
Telephone no.		
Signature of Professional Practitioner		
Date		