

# Medical Impact Statement

## Medical Practitioner Assessment

*Special consideration is specifically intended to support students who have recently experienced unexpected illness or injury that is short-term in nature. Requests for special consideration on medical grounds must be supported by a Medical Impact Statement (MIS). This is to ensure that our special consideration assessment process is fair and equitable. Please complete the statement only in respect of the illness, injury or other medical circumstances being presented. The information you provide will help us determine the appropriate form of consideration such as an extension, alternative task or a deferred exam.*

### Who can complete this form?

The MIS is to be completed and signed by a treating medical/health practitioner who is not a family member or a close associate of the student. The practitioner must be a:

Australian Health Practitioner Regulation Agency (AHPRA) registered General Practitioner (GP), Psychologist, or Psychiatrist

- Registered Counsellor (being a member of the APS, the AASW, or the ACA)
- Other AHPRA registered practitioners which diagnose and treat medical conditions.
- Registered practitioner with equivalent overseas accreditation

The Institute does not need to know details of the condition, we only require relevant information regarding the severity of the impact or the degree of impairment to make an informed decision.

### Assessing the degree of impairment:

The degree of impairment/impact should be based on the condition/circumstances that you have observed. Please follow the below guidelines:

- **Hospitalised or incapacitated:** for the purpose of special consideration, is defined as unable to function as a result of recovering from a surgery or serious medical condition at a hospital, psychosis episodes and other life-threatening medical conditions. The student is not permitted to attend an examination, study or undertake any assessments.
- **Severe:** the impact of the condition is very serious and is likely to last more than two weeks. The student is significantly affected and should not attend an examination during the period specified on the MIS. The student cannot complete tertiary assessments, or the level of performance will be substantially affected.
- **Moderate:** the impact of the condition is not severe and is likely to last for one to two weeks. The student may be able to attend an *examination and undertake* university assessments and the level of performance is moderately affected.
- **Minor:** the condition has not had a significant impact (e.g., mild illness during or close to assessment submission date). The student is able to attend an examination and continue with their studies and assessments. Their level of performance is slightly affected.

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*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.*
- *the date the form was written and signed.*
- Student's declaration

### Useful information for students

*If your medical circumstances are affecting upcoming or overdue assessment tasks, please ask your treating practitioner to complete this form. You must apply for Special Consideration online and submit the signed MIS any time before and within five *business days (inclusive)* after the assessment task date.*

*Applying for special consideration does not guarantee that special consideration will be granted. While your application is under assessment, you must continue your assessment task to the best of your ability and submit it as soon as you are able.*

*For long-term or ongoing medical circumstances, please contact the registrar via [goldie@dellainternational.edu.au](mailto:goldie@dellainternational.edu.au)*

*Should you require academic support please contact [info@dellainternational.edu.au](mailto:info@dellainternational.edu.au) or for non-academic support please contact [info@dellainternational.edu.au](mailto:info@dellainternational.edu.au).*

Submitting falsified documents is considered fraud and the Institute treats this matter seriously. This could result in suspension, exclusion from the Institute and/or legal penalties. As a student, you must be aware of your obligations and responsibilities under the student code of conduct.

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## Assessing the Degree of Impairment

<b>Medical Practitioner to Complete</b>	
<b>Name of Patient</b>	<b>Date of Consultation (DD/MM/YYYY) / /</b>
<b>During the consultation I have determined that the patient's capacity to undertake assessments at the institute are as follows:</b>	
<b>Able to perform reading/writing tasks</b>  e.g. essays, exams, reports:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but
<b>Able to perform verbal/physical tasks</b>  e.g. presentations, practical	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but
<b>Able to perform tasks requiring extreme focus</b>  e.g. exams, report writing or computer work	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, but
<b>If the patient is unable to perform functions as normal, please describe the level of impact:</b>  Level of Impact: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Complete Incapacitation	
<b>Estimated duration of leave required from: (DD/MM/YYYY) / / until: (DD/MM/YYYY) / /</b>  Post-dated assessments will not be accepted	
<b>Additional comments:</b>	
<b>Practitioners Declaration:</b>  By signing this form, I declare that the patient presented to me with a condition and the information provided is based on my professional opinion. I am a registered practitioner who is qualified to verify the patients' condition. I attest that I am not a family member or a close friend.	
<b>Practitioners Name:</b>	
<b>Registration/Provider Number:</b>	
<b>Practice Address:</b>	

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<b>Practice Phone Number:</b>		
<b>Practice Email Address:</b>		
<b>Practitioners Signature:</b>		<b>Date: (DD/MM/YYYY)</b>
<b>Practitioners Stamp:</b>		

### Student Declaration (student to complete)

By signing this form, I declare that all the information provided by myself, and the medical practitioner is complete, true and correct and acknowledge that the institute may terminate my enrolment if I have provided information that is untrue or a misrepresentation of my circumstances. I give permission for Della International College to contact my medical practitioner to verify the information on this form if needed, and for relevant information to be provided by my medical practitioner to Della International College. I acknowledge that by submitting this form the documents provided are to be retained and kept by the Institute.

<b>Student's Signature:</b>		<b>Date: (DD/MM/YYYY)</b>
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