

# Health Professional Report

## AccessAbility



Student Number: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last* *First*

James Cook University is committed to ensuring people with a disability/health condition are able to participate to the fullest possible extent in the educational programs offered by the University and all other aspects of University life. AccessAbility Services provides services for students with a disability/health condition that aim to reduce the impact of their disability/health condition on their study and enable equal access to learning. If you have any questions please contact AccessAbility in either Townsville or Cairns to speak to an AccessAbility Advisor.

### Student consent to release/exchange information:

I \_\_\_\_\_ hereby give authority for \_\_\_\_\_  
*Student's name* *Health Professional's name*

to release information relating to my disability/health condition to AccessAbility Services at James Cook University.

I also give authority for an AccessAbility Advisor to contact my health professional regarding my disability/health condition (optional).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student's Signature*

### Health Professional to complete:

Diagnosis or nature of disability/health condition:

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Treatment (including any therapy, medication and side-effects):

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Please indicate whether this condition is:

Permanent. If so, is the condition:

- Fluctuating
- Degenerative
- Exacerbation

Next review date:

Temporary. If so, is the condition:

- Fluctuating
- Unchanging
- Exacerbation

Expected duration:

**Impact of disability or health condition on study, placement and examinations at James Cook University** (e.g. concentration, memory, fatigue, motivation, nausea, mobility, visual acuity, residual hearing):

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**Please indicate supports that may assist study arrangements for this student below:** (e.g. Assistive technology/equipment, alternative formatting, extra reading and/or writing time considerations for assessments or examinations, ergonomic furniture, rest breaks, medication, separate venue for exams)

*Comments provided will be taken into consideration in our assessment.*

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**Professional's Details:**

**Practice Stamp:**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Details:**

Email: [accessability@jcu.ed.au](mailto:accessability@jcu.ed.au)

Phone: 1800 246 446