

Health Professional Report

Student Equity and Wellbeing



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:

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

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):

Would you like to provide any comments for study arrangements or support? (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.*

Professional's Details:

Practice Stamp:

Name: _____

Profession: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Contact Details:

Townsville

Phone: 07 4781 4711

Email: accessability.tsv@jcu.edu.au Hours:

Monday – Friday 9am to 4pm

Cairns

Phone: 07 4232 1150

Email: accessability.cns@jcu.edu.au

Hours: Monday – Friday 9am to 4pm

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