

Student Number: _____

Student Name: _____

Health Professional's Report: UniAccess provides support and services for students at UWA with a disability or medical condition. The following information will be used by the Disability Officer to assist in providing the most appropriate academic support for your patient/client. Don't hesitate to contact one of the Disability Officers by calling UWA Student Services Reception on 6488 2423 if you require further information.

Consent to Release/Exchange Information

I, _____ (student's name) hereby give authority for UWA Disability Officers to contact my health professional (details below), regarding documentation and the nature of my disability/medical condition, and also for my health professional to contact UWA Disability Officers regarding documentation and the nature of my disability/medical condition as it pertains to my academic performance.

Student Signature: _____ Date: _____

Health Professional's name: _____ Phone: _____

Email: _____ Fax: _____

General details

Diagnosis:

Expected duration of condition:

Impact of disability or medical condition on study at UWA, including performance in exam situations

Please consider: reading, writing, typing, cognitive functioning, sitting tolerance, energy levels, mobility and parking requirements

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Effect of medication

Please consider: concentration and memory, mobility and stamina, visual or other systems

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Other comments

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Health Professional's Details

Practice Stamp

Signature:	
Profession:	
Date:	

Student Number: _____

Student Name: _____

Statement of Limits of Use of Medical Information Collected by UniAccess

UniAccess will only use this medical information for the purpose for which it was collected. Current documentation is required to assess whether your medical condition impacts your academic performance. The information is only used to provide reasonable adjustments to your academic program. Requests for adjustments are considered on an individual basis by taking into account institutional obligations to provide equal access to educational opportunities, documented current functional limitations, and your course requirements. This information will not be shared with medical services or used to provide emergency medical service.

Medical Emergencies

For immediate assistance in a Medical Emergency phone Security on 6488 2222. Note that UWA security staff are able to provide first aid and organise an ambulance if required. For more information about UWA procedures in emergencies go to: <http://www.safety.uwa.edu.au/1706946>.

Emergency Evacuation

If you may require assistance to evacuate from a university building, please make yourself familiar with the 'People with specific needs: Responsibility of the person with a disability' outlined here:

<http://www.safety.uwa.edu.au/1706946>

Release of Information and Limits of Confidentiality

Confidentiality of your medical information is maintained within the UniAccess service. Medical information about a student is only released with the written consent of the student with the following exceptions: information may be disclosed without client consent where there is a clear danger to the client or others or there is a legal obligation to do so by court subpoena, search warrant or legislated requirement.

I have read the above terms of the service and agree to these conditions.

Student Signature _____

Date _____