



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 Accessibility Advisor to assist in providing the most appropriate academic support for your patient/client. Don't hesitate to contact one of the Accessibility Advisors via **Callback line: +61 8 6488 4630** or email: [uniaccess@uwa.edu.au](mailto:uniaccess@uwa.edu.au) if you require further information.

**Consent to Release/Exchange Information**

I, \_\_\_\_\_ (student's name) hereby give authority for UWA Accessibility Advisors 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 Accessibility Advisors 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*

**Effect of medication**

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

**Other comments**

**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 \_\_\_\_\_