

Section A -Students

Special consideration is specifically intended to support students who have **recently** experienced **short-term, adverse and unforeseen** circumstances that substantially affected their ability to complete an assessment task to the best of their potential.

La Trobe University requires a Medical Impact Statement (MIS), completed by a registered health professional, for applications made on medical grounds (including an exacerbation of psychological conditions). A medical evaluation allows the University to make an informed decision on how your current health condition affects your academic ability.

Please note, if the University is unable to verify the information on this MIS or if the information on the MIS is found to be altered and/or falsified you may be referred to the General Misconduct Officer and/or legal authorities for the appropriate intervention, which may include University exclusion, suspension and/or legal penalties. Please refer to the following link for further information regarding General Misconduct: https://www.latrobe.edu.au/_data/assets/pdf_file/0018/633132/General-Misconduct-Statute-2009.pdf

1. Your details

Name:		Student ID number:	
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2. Authorisation

By signing this form, you authorise the University to contact the health professional to confirm accuracy and authenticity of this document. I hereby authorise La Trobe University to make such inquiries and receive such information required to confirm the accuracy and authenticity of supporting documentation.

Signature:		Date:	
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The medical impact statement will only be accepted if both pages are completed and signed by yourself and the medical practitioner (see overleaf).

MIS must be submitted online within **five** working days from the date your application for special consideration was submitted.

Helpful information

- Special consideration applications are assessed in a two-step process:
 - first:** eligibility for special consideration is assessed by the Special Consideration team normally within 3 working days
 - second:** the outcome for eligible applications is decided by the Subject Coordinator which can take a further 3 working days
- The outcome of your special consideration is emailed to your La Trobe account.
- 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. Applying for special consideration does not guarantee that special consideration will be granted for the assessment task.
- In addition to the special consideration process, the University has a number of support services you can access for assistance, including Counselling Services, Equity and Diversity and academic support. For more information, visit: www.latrobe.edu.au/students/support

Section B – Treating professionals

Special consideration is specifically intended to support students who have **recently** experienced **short-term, adverse** and **unforeseen** circumstances that substantially affected their ability to complete an assessment task to the best of their potential.

Requests for special consideration on medical grounds must be supported by a Medical Impact Statement completed by a medical practitioner who is registered by the relevant National Medical Board.

This form is designed to provide information to support a student’s application for a special consideration e.g. to defer the date of an assignment or exam, please complete **all** of the fields below, sign and stamp this form.

1. Patient details

Name:		Consultation date:	
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2. Patient circumstances and impact

When providing details for a condition that occurred prior to the date of consultation, please apply AMA or equivalent guidelines.

I have examined the patient **face to face** and concluded that the condition had/will have the following impact on the patient’s ability to complete University assessment:

0 = no impact: the patient is able to sit/attend/complete the assessment task (e.g. condition is manageable with over-the-counter medication or normal level of anxiety about sitting an exam or meeting assessment deadlines).

4 = total incapacitation: life-threatening condition, impossible for the patient to attend/complete the assessment task (e.g. emergency surgery, hospitalised, stroke, heart attack or psychosis).

Please select one option only:

<input type="checkbox"/> 0 no impact absence of observable symptoms	<input type="checkbox"/> 1 minor impact observable symptoms but no impact on completion of academic tasks	<input type="checkbox"/> 2 moderate impact observable symptoms and moderate impact on completion of academic tasks	<input type="checkbox"/> 3 severe impact observable symptoms and severe impact on completion of academic tasks	<input type="checkbox"/> 4 hospitalised/incapacitated observable symptoms and cannot complete academic nor day to day tasks
The patient is affected, specify date(s):			from: DD / MM / YYYY	until: DD / MM / YYYY
If the duration of impact has been back dated, please provide the reason:				
During the period specified above, can the patient study, undertake University assessment or sit an exam/test?			<input type="checkbox"/> Yes, with no impairment <input type="checkbox"/> Yes, with a degree of impairment (as specified above) <input type="checkbox"/> No	
In my opinion, the patient is expected to be fit to resume studies from:			DD / MM / YYYY	
In my opinion, the patient is unable to undertake the following function(s):			<input type="checkbox"/> gross motor skills Such as walking, running, lifting, balance, strength, sitting and standing for an extended period <input type="checkbox"/> fine motor skills Such as speaking, writing, typing/using a computer, turning pages <input type="checkbox"/> cognitive skills Such as retaining information/attention, logic/reasoning, auditory & visual processing, concentration <input type="checkbox"/> emotional regulation management of mood, emotions, behaviour, responsiveness.	

Is this a newly diagnosed condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the condition long term/ongoing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the condition is long term/ongoing, has the condition exacerbated recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional comments:		

3. Declaration

I declare that the patient presented to me with a condition in person and the information is based on my professional opinion/examination and/or the patient's medical history.

Name:		Stamp	
Provider number:			
Address of practice:			
Practice telephone number:			
Signature:		Date:	