



Student Number: _____

Student Name: _____

Medical Practitioner's Report: UniAccess provides supports and services for students with disability or medical conditions who are enrolled at UWA. The following information will be used by the Disability Officer to assist in providing the most appropriate support for your patient. Don't hesitate to contact one of the Disability Officers by calling UWA Student Services Reception on 6488 2423.

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.

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

Medical Practitioner Details

Surgery Stamp

Signature: _____

Date: _____