

# RMIT Impact Assessment Statement

## Special consideration application on medical/health and/or difficult personal circumstances grounds

### Please note

A completed Impact Assessment Statement (IAS) may be used to support applications made on the grounds of:

- medical/health circumstances (a standard medical certificate can also be accepted if it states the dates and nature of the impact), and/or
- difficult personal circumstances which are impacting your health, wellbeing and studies (and you're unable to provide other supporting evidence).

This IAS must be completed by the registered medical/health practitioner who is treating you for your medical/health circumstances, or supporting you with your difficult personal circumstances. You may also include other formal documentation such as a letter from the relevant practitioner.

I agree to RMIT University contacting my medical/health practitioner as necessary to clarify the information provided below.

Student signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

### Medical/health practitioner assessment

On (date/s of consultation) \_\_\_\_\_

I (name), \_\_\_\_\_ a registered medical/health practitioner, examined

Student name \_\_\_\_\_ Student number \_\_\_\_\_

and  have determined that they are suffering from \_\_\_\_\_  
(condition to be stated with student's consent)

or  the student reports that they are suffering from \_\_\_\_\_

From date (DD/MM/YYYY) \_\_\_\_\_ to date (DD/MM/YYYY) \_\_\_\_\_

The condition is  permanent  infectious  episodic/fluctuating  deteriorating  improving

### Please indicate your professional assessment of the type and level of impact of the condition on the student's activities.

Description of impact of the medical/health condition	Additional information	Dates affected	From (DD/MM/YYYY)	To (DD/MM/YYYY)
1. Able to travel/attend <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		
2. Able to do sustained reading, note-taking and writing <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less than usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		
3. Able to perform a task requiring intense concentration for 1-2 hours <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		

Additional information (complete as needed)

\_\_\_\_\_  
\_\_\_\_\_

Practitioner's signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Practitioner's stamp (as available)

Complete only for details not provided in the stamp

Practitioner registration number \_\_\_\_\_

Address of practice \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_