

Request for Equitable Learning Support Medical practitioner form

Practitioner name: _____

Address: _____

Practitioner AHPRA number: _____

Patient/carer's name: _____

RMIT Student ID: _____

Nature (diagnosis) of disability, long-term illness and/or mental health condition:

Indicate condition of the patient (or person being cared for):

Hearing Vision Physical Neurological
 Mental health Other: _____

Indicate duration of the condition's impact:

6 months 1 year 2 years Ongoing

Indicate impact of condition:

Fluctuating Constant Improving Degenerating

Please outline how the condition and/or its treatment may impact the patient's (or carer's) capacity to engage in learning, including:

Attendance at class/tutorials Concentration, focus and memory
 Energy, fatigue or stamina Ability to complete assessments or exams on time
 Participation in group work or practical placements
 Other: _____

Please attach any relevant documentation that may support your diagnosis of the patient and/or carer's condition.

Practitioner's signature:

Date: ____/____/____