

## RMIT impact assessment statement – for a special consideration application on health/medical grounds

**Note:** This impact assessment statement (IAS) is the best way to establish medical/health grounds for a special consideration application. A standard medical certificate can also be accepted if it states the dates and nature of the impact. This IAS must be completed by the registered medical/health practitioner who treated you for the condition. You may also include other documentation such as a letter from the practitioner.

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical/health practitioner assessment

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

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

STUDENT \_\_\_\_\_ Student ID: \_\_\_\_\_

and  have determined that he/she is suffering from: \_\_\_\_\_  
(condition to be stated with student's consent)

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

From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

The condition is (please select as relevant):  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 condition	Additional information	Dates affected	From	To
1. Able to travel/attend No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	___/___/___	___/___/___
2. Able to do sustained reading, note-taking and writing. No <input type="checkbox"/> Yes <input type="checkbox"/> →	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 above →	___/___/___	___/___/___
3. Able to perform a task requiring intense concentration for 1-2 hours. No <input type="checkbox"/> Yes <input type="checkbox"/> →	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 above →	___/___/___	___/___/___

Additional information: please complete as needed

Practitioner signature		Date ___ / ___ / ___
Practitioner's stamp (as available)	Complete only for details not provided in the stamp	
	Practitioner registration number	
	Address of practice	
	Telephone number	
	Fax number / practice email contact	