

Health Practitioner Report



**VICTORIA
UNIVERSITY**

Medical/health practitioner to complete

Thank you for completing this form. The information you provide will be used by VU Disability and Accessibility Services in consultation with the student, to recommend reasonable adjustments to support the student in their studies at Victoria University.

Note: A signed letter or report that includes the information requested is acceptable as an alternative to completing this form.

Student ID: Student name:

Name of disability or health condition/s:

Please select disability or health condition type/s:

Hard of hearing/deaf

Learning

Low vision/blind

Other

Physical

Mental health condition

Medical condition

Intellectual

Acquired brain impairment

Neurological condition

Duration: Ongoing Temporary (Estimated duration):

What are the impacts of the disability or health condition on the student?

What should be taken into consideration when determining reasonable adjustments for...

Class participation?

Assessments and exams?

Work integrated learning, clinical placement, or lab work?

Additional information or notes:

Practitioners stamp and signature:

(Complete only for details not provided in the stamp):

Practitioner's name:

Practitioner's registration number:

Phone:

Date: / /

Email: