

2020 Disability Provisions – Medical

Important information

This form is used by the NSW Education Standards Authority (NESAs) to confirm a student’s disability and evaluate its impact on the student’s functioning in an examination setting.

- This medical form must be completed by an **appropriately qualified health professional** who is not related to the student or has a relationship that could be seen as a **conflict of interest**.
- Only **one** health professional should write on this form. If multiple health professionals need to contribute information, each one should complete a separate form. If any part of this form has been completed by anyone other than the signatory, or if any false information is provided, the Examination Rules Committee may deem this malpractice and impose a penalty on the student’s HSC results.
- ALL QUESTIONS MUST BE ANSWERED for:
 - **Permanent unchanging disabilities** no earlier than Year **10** prior to the HSC examinations.
 - **All other conditions** no earlier than *Term 4 of the year prior to the HSC examinations*.

Patient’s name: DO NOT PRE-FILL THIS OR ANY OTHER SECTION FOR THE PERSON COMPLETING THIS FORM

Diagnosis: _____

ICD-10 or DSM-5 code: _____

Date of diagnosis: _____
(If the student has multiple disabilities, please list the date of each diagnosis)

Expected duration of diagnosis from date of this report: _____

Did you make this diagnosis? Yes No

If no, who made the diagnosis?

Name: _____ Profession: _____

Qualifications/specialty: _____

Please indicate how you are aware of the diagnosis (please ✓):

- Viewed report or advised by diagnosing health professional
- Advised by other party (please specify): _____

Date of all consultations with you relating to this condition within the last 2 years:

Provide details of what therapies the patient is undertaking for this condition:

Health professional working with student <small>e.g. psychologist, occupational therapist</small>	Start & end date & session frequency of therapy <small>e.g. 5/8/2018 – present, once a month</small>	Therapy details – type, strategies, interventions

Is the patient taking any medications for this condition? Yes No

If **yes**, please provide the following details:

Name of medication	Dosage	Date commenced	Prescribed until
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Side effects this patient is experiencing from the above medication(s): _____

Please describe **how** the condition will affect this patient while undertaking the HSC examinations in October/November:

Please indicate the **degree** to which the condition affects the patient in an examination setting **without provisions**:

- No impact
 Minor impact
 Moderate impact
 Severe impact
 Total incapacitation
(student unable to attempt examination without provisions)

What provisions/adjustments do you recommend to address the condition(s) during the HSC examinations?

For each provision recommended, please describe how the provision is expected to relieve the impact of the patient's condition.

NB: If **rest breaks** are recommended, describe what strategies the patient will engage during the breaks.

Any other comments:

Details of doctor or health professional who completed this form

Name: _____ Profession: _____
 Qualifications/specialty: _____
 AHPRA Registration Number: _____
 Place of work/organisation: _____ Telephone: _____
 Signature: _____ Date: / /

Do not sign this form if anyone other than you has written on it. If the patient provided you with a form that had **any** questions pre-answered, please ask them for a blank copy. You must answer all questions based on your own professional opinion.