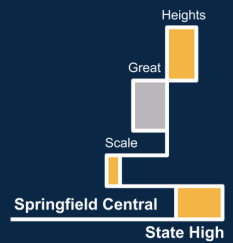


# CONFIDENTIAL MEDICAL REPORT



The QCAA requires a medical report for medical claims for AARA or illness and misadventure. Medical reports may only be completed by the student's general practitioner (GP), medical specialist, or psychologist (registered under Queensland's Health Practitioner Regulation National Law Act 2009). The health professional providing a report must not be related to the student or employed by the school. The information provided needs to be current and relate to the relevant assessment period.

Information provided in this report is treated in strictest confidence and is used only for the purpose of determining the AARA application.

If the health professional does not use this report form, they must supply a current medical report containing all of the following information.

## THIS SECTION IS TO BE COMPLETED BY THE STUDENT AND THEIR PARENT/CARER

Student's Name :  School :

I give permission for my health professional to provide information concerning this application to the QCAA, if required.

Student signature  Date :  /  /

Parent/carer signature  Date :  /  /   
*(if student is under 18)*

I am applying for:

Access arrangements and reasonable adjustments (for existing and chronic conditions)

Health professionals complete:

- Part A
- Part B — AARA

## THIS SECTION IS TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Name :  Profession :   
Phone :  Place of work :   
Registration number :  Practice stamp :   
Signature :  *(if applicable)*  
Date :  /  /

### ELECTRONIC SIGNATURE:

If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.

# CONFIDENTIAL MEDICAL REPORT

## PART A - THIS SECTION IS ONLY TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Diagnosis :

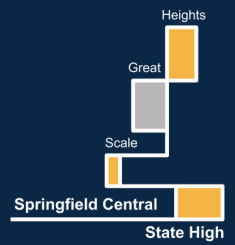
Date of diagnosis :   /   /        Date of occurrence / onset :   /   /

Provide a brief history of the student's disability, impairment and/or medical condition, including symptoms.

Is the student currently receiving treatment? Please indicate

Comment on the probable effect of this disability, impairment and/or medical condition on this student's capacity to complete timed assessment.

# CONFIDENTIAL MEDICAL REPORT



## PART B - THIS SECTION IS ONLY TO BE COMPLETED BY THE HEALTH PROFESSIONAL

Comment on how the disability, impairment and/or medical condition would affect this student's daily functioning in the classroom.

Professional recommendations for assessment adjustments