

Special consideration is specifically intended to support students who have recently experienced unexpected acute illness or injury that is short-term in nature. Requests for special consideration on medical grounds must be supported by a Medical Impact Statement (MIS). This is to ensure that our special consideration assessment process is fair and equitable. Please issue the statement only in respect of an illness, injury or other medical circumstances being presented. The information you provide will help us determine the appropriate form of consideration such as an extension, alternative task or a deferred exam.

Who can complete this form?

The MIS is to be completed and signed by a treating medical/health practitioner who is not a family member or a close association of the student. The practitioner must be:

- Australian Health Practitioner Regulation Agency (AHPRA) registered General Practitioners (GPs), Psychologist, Psychiatrists
- Registered Counsellor (being a member of one of the APS, the AASW, or the ACA)
- Other AHPRA registered practitioners which diagnose and treat medical conditions.
- Registered practitioner with equivalent overseas accreditation organisation

The University does not need to know details of the condition, we only require relevant information regarding the severity of the impact or the degree of impairment to make an informed decision.

Assessing the degree of impairment:

The degree of impairment/impact should be based on the condition/circumstances that you have observed. Please follow the below guidelines:

- **Hospitalised or incapacitated:** for the purpose of special consideration, is defined as unable to function as a result of recovering from a surgery or serious medical condition at a hospital, psychosis episodes and other life-threatening medical conditions. The student is not permitted to attend an examination, study or undertake any assessments.
- **Severe:** the impact of the condition is very serious and is likely to last more than two weeks. The student is significantly affected and should not attend an examination during the period specified on the MIS. The student cannot complete university assessments or the level of performance will be substantially affected.
- **Moderate:** the impact of the condition is not severe and is likely to last for one to two weeks. The student

may be able to attend an examination and undertake university assessments and the level of performance is moderately affected.

- **Minor:** the condition has not had a significant impact (e.g. mild illness during or close to assessment submission date). The student is able attend an examination and continue with their studies and assessments. Their level of performance is slightly affected.

Incomplete form will **not** be accepted, please ensure that the following information is included:

- the practitioner's name, contact details, provider or registration number and signature
- the date of the consultation
- an assessment by the practitioner of the duration and degree of impact on the student's ability to attend classes, study/sit exams, or complete assessment tasks.
- the date the form was written and signed.

La Trobe University appreciates you taking the time to help our student assess the impact of their medical condition.

Useful information for students

If your medical circumstances are affecting upcoming or overdue assessment tasks, please ask your treating practitioner to complete this form. You must apply for Special Consideration online and upload the signed MIS any time before and within five (5) business days (inclusive) after of the assessment task date.

Applying for special consideration does not guarantee that special consideration will be granted. While your application is under assessment, you must continue your assessment task to the best of your ability and submit it as soon as you are able.

For long-term or ongoing medical circumstances, please contact the Accessibility and Inclusion (<https://www.latrobe.edu.au/students/support/wellbeing/services/accessibility-hub>) for specialised assistance.

In addition to special consideration, the University offers a range of support services including counselling, IT, financial and Learning support and programs. Please visit [Student Support \(latrobe.edu.au/students/support\)](http://latrobe.edu.au/students/support).

Submitting falsified documents is considered fraud and the University treats this matter seriously. This could result in suspension, exclusion from the University and/or legal penalties. As a student, you must be aware of your obligations and responsibilities under the General Misconduct Statute.

Health/medical practitioner to complete

Name of patient:

Consultation date:
(DD/MM/YYYY)

I have determined that in regard to the patient's capacity to take university assessments, the patient has been assessed as follow:

Able to perform reading or writing tasks
e.g. reports, essays, quizzes, tests etc.

Yes, as usual* Yes, with a degree of impact No

Able to perform verbal or physical tasks
e.g. presentations, skill/lab tests etc.

Yes, as usual* Yes, with a degree of impact No

Able to perform tasks requiring intense focus for 1-2 hours
e.g. taking an exam

Yes, as usual* Yes, with a degree of impact No

The level of impact has been assessed as (*not required if the patient is able to perform tasks as usual):

Minor Moderate Severe patient is hospitalised or totally incapacitated

Estimated duration of impact:

From (DD/MM/YYYY)

Until (DD/MM/YYYY)

Please issue the statement in line with guidelines provided by your professional association. Post-dated statements will not be accepted.

Additional comments:

By signing this form, I declare that the student presented to me with a condition and the information is based on my professional examination and opinion. I am registered with AHPRA or equivalent overseas accreditation and qualified to verify the student's health condition. I am not a family member or a close association of the student.

stamp

Practitioner name:

Registration/provider number:

Address of practice:

Practice telephone number:

Email:

Practitioner signature:

Date:

Student Declaration (student to complete)

By signing this form, I declare that all the information provided by myself and the health professional is complete, true and correct and acknowledge that the University may terminate my studies if I have misrepresented my circumstances. All documents submitted become the property of La Trobe University. I give permission for La Trobe University to contact my health professional to verify the information on this form if needed, and for relevant information to be provided by my health professional to La Trobe University.

Student Signature:

Date: