

2023 Disability Provisions – Health Professional Information Form (Medical)

Important information

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

Information for schools & person providing form to health professional

- An **appropriately qualified health professional** must complete this form.
- They must not be related to the student or have a relationship that could be seen as a conflict of interest.
- Only **one** health professional should complete this form. If multiple health professionals need to contribute information, each one should complete a separate form.
- **Only** the health professional must complete this form. If this form is not completed in full by the health professional and signed as directed, the application may be declined.
- Do not write ANYTHING on this form, including the student's name. The health professional is the only person who should write on this form.
- Providing false or fraudulent information, including editing or adding to the health professional's comments, is a breach of HSC rules. The Examination Rules Committee may deem this malpractice and impose a penalty on the student's HSC results.

Information for health professionals:

- Answer **EVERY** question on the form. If you do not have the answer to a question, write "N/A" or "Unknown". **Do not leave any questions blank.**
- Sign **EVERY** page.
- Complete this form **no earlier than Term 4** of the year prior to the HSC exams.
- Any amendments to this form must be initialled and dated.
- If the patient provided you with a form that had any questions pre-answered, including the patient's name, please ask them for a blank copy.
- Answer all questions based on your own professional opinion.

Details of health professional completing this form

Do not sign this form if anyone else has written on it.

Name: _____ Date: ____ / ____ / ____

Profession: _____ Specialty: _____

Place of work/organisation: _____ Telephone: _____

AHPRA registration number: _____

Health professional signature: _____

DIGITAL SIGNATURES WILL NOT BE ACCEPTED



Patient's name	
Diagnosis	Provide the formal diagnostic title of the disability, not just a symptom or description. Notations of "anxiety" or "handwriting difficulties" may not be sufficient for the approval of provisions.
ICD-10/11 or DSM-5 code	
Date of diagnosis	If the student has multiple disabilities, please list the date of each diagnosis
Did you make this diagnosis?	<p>(Please ✓)</p> <p><input type="checkbox"/> Yes / No <input type="checkbox"/> If no, please answer the questions below:</p>
If no, who made the diagnosis?	Name:
	Profession:
	Speciality:
How are you aware of the diagnosis?	<p><input type="checkbox"/> Viewed report or advised by diagnosing health professional.</p> <p><input type="checkbox"/> Advised by other party (please specify) _____</p> <p>Date of report / date advised: _____</p>

Signature of person completing this form: DIGITAL SIGNATURES WILL NOT BE ACCEPTED

 **SIGN HERE PLEASE!**

Consultations

Provide dates of all consultations with you relating to this condition within the last 2 years (including today's consultation, if applicable):

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Therapy

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

Qualifications of health professional working with student	Therapy details – type, strategies, interventions	Start date	End date	Frequency
<i>e.g. psychologist, OT</i>		<i>5/2/2022</i>	<i>present</i>	<i>fortnightly</i>

Medication

Is the patient taking any medications for this condition?

(please ✓)

Yes / No

If yes, please provide details below

Name of medication	Dosage	Date commenced	Prescribed until

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

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Signature of person completing this form: _____

DIGITAL SIGNATURES WILL NOT BE ACCEPTED



HSC Impact

Describe how the disability will affect this patient while undertaking the HSC exams in October/November	
Anticipated duration of impact from date of this report	
Indicate the degree to which the condition affects the patient in an exam setting without provisions :	
<input type="checkbox"/> No impact <input type="checkbox"/> Minor impact <input type="checkbox"/> Moderate impact <input type="checkbox"/> Severe impact <input type="checkbox"/> Total incapacitation <small>(student unable to attempt exam without provisions)</small>	

Disability Provisions

What provisions/adjustments do you recommend to address the disability during the HSC exams?	
Provision	Describe how the provision is expected to relieve the impact of the patient's disability. If rest breaks are recommended, describe what strategies the patient will engage during the breaks.

Any other comments

Signature of person completing this form: _____

DIGITAL SIGNATURES WILL NOT BE ACCEPTED

