

Medical Declaration and Reasonable Adjustment Request Form for Student Placements

This information may be provided to the clinical or Work Integrated Learning (WIL) supervisor to assist students with effective and safe participation in their placements. Please update this form annually or if your details change.

Part A: Student details

| | | |
|---|----------------------|--------------------------|
| Name: | | Phone: |
| Student ID: | Program Code: | Address: |
| | Course Code: | |
| Medicare No: | Private Health Fund: | |
| Ambulance No: | Member No: | |
| Name & relationship of emergency contact: | | Emergency Contact Phone: |

Part B: Relevant medical information

Do you have any health factors that might be impacted by the proposed placement? (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Dizziness/problems with balance |
| <input type="checkbox"/> Asthma/lung/respiratory condition | <input type="checkbox"/> Migraines/persistent headaches |
| <input type="checkbox"/> Visual/eye condition | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Chest/heart condition | <input type="checkbox"/> Circulatory condition |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Muscular/skeletal condition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anxiety/depression/mental health condition |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other: _____ |

| |
|---|
| <p>If yes to any of the above, how can we help you minimise or manage these conditions? Please provide details:</p> |
| <p>Please list any medications that might impair your ability to undertake duties whilst engaged in University placement. Eg. Medication which causes drowsiness.</p> |

Part C: Reasonable adjustments for placements

(Leave this section blank if not relevant)

Reasonable adjustments for disability:

- I require reasonable adjustments for my placement. These are detailed in my Learning Access Plan. *If your plan needs to be updated, please contact the Disability and Learning Access Unit.*
- I request reasonable adjustments for my placement. I do not have a Learning Access Plan. Please detail your request in the space below. *Note: Students are invited to contact the Disability and Learning Access Unit (DLAU) to discuss their personal circumstances. The DLAU is required to oversee the implementation of reasonable adjustments for disability that are complex in nature, or where they may incur costs for the University.*

Reasonable adjustments for breastfeeding or carer responsibilities:

- I request reasonable adjustments for breastfeeding or carer responsibilities. Please detail your request in the space below. *Note: What is a reasonable or appropriate adjustment will vary with individual circumstances. For more information <http://federation.edu.au/staff/working-at-feduni/equity-and-equal-opportunity/rights-and-responsibilities/what-is-appropriate-flexibility>*

Part D: Authorisation

I certify that the information contained in this form is full and correct, and authorise those in charge to take any steps necessary for my safety or wellbeing, including ambulance travel, medical treatment and/or hospitalisation. I understand that I am responsible for all medical related costs.

Students have the right to not disclose information but cannot hold the Host Agency or Federation University responsible for any harm, loss or damage as a result of non-disclosure or incomplete information provided in this form.

Student signature: _____ **Date:** _____

OR

Parent/guardian signature (if student is under 18 years): _____

Name of parent / guardian: _____ *Date:* _____