# **Health Assessment Form**



This form must be completed by a registered health care professional.

Please refer to page 2 for guidelines on completing this form.

International students should note that the University may verify the information collected on this form. Submitting fraudulent medical documentation could result in suspension or exclusion from the University.

Registered Health Care Professional Details		
Name		
Contact no	Health Care	Professional Stamp
Address		
Provider/Registration no	onship with this stud	ent. I authorise The University
Health care professional signature	Date form issued	
Student Information and Authority		
Student ID numberFamily name		
Given name(s)		
I hereby consent to relevant information being provided by my health care profess of this statement if requested by the University of Adelaide. I understand that I mu in support of a change of study arrangements request and that the University of A any time during my enrolment until my degree has been conferred, or my enrolmed	ust retain the original Adelaide may require	s of any documents submitted the originals to be supplied at
Student's signature	Date	
Assessment of student		
Date of assessment		
Marilla ( ) (C) (C) (C) (C) (C) (C) (C) (C) (C)		
Will the student's symptoms/condition last for more than 14 days? (Please circle)	YES	/ NO
Date symptoms/condition commenced		-
Date symptoms/condition commenced	nd I have determine	d that regarding the student's
Date symptoms/condition commenced	nd I have determine	d that regarding the student's
Date symptoms/condition commenced  Date symptoms/condition ceased  We have discussed the nature of the condition that this student is experiencing, a capacity to progress with their studies at the University of Adelaide, the student has	nd I have determine as been assessed as	d that regarding the student's
Date symptoms/condition commenced	nd I have determined as been assessed as tudent would still	d that regarding the student's
Date symptoms/condition commenced  Date symptoms/condition ceased  We have discussed the nature of the condition that this student is experiencing, a capacity to progress with their studies at the University of Adelaide, the student has be able to seek treatment while continuing study.  Moderate – the condition has caused considerable discomfort and/or disruption	nd I have determined as been assessed as tudent would still n. Students' ability	d that regarding the student's
Date symptoms/condition ceased	nd I have determined as been assessed as tudent would still n. Students' ability	d that regarding the student's
Date symptoms/condition ceased	nd I have determined as been assessed as tudent would still n. Students' ability	d that regarding the student's
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#### **Guidelines for Registered Health Care Professional**

These guidelines have been written to assist you to understand the purpose and use of the Health Assessment Form, when international students apply to the University of Adelaide to change their study arrangements. The University appreciates you taking the time to help our student assess the impact of their condition. The information you provide will ensure that the assessment process is fair and equitable.

### What are changes to study arrangements?

#### Leave of Absence\*

A leave of absence allows the student to suspend studying their program for one study period at a time for up to one year while remaining admitted to the University of Adelaide.

#### Reduced study load\*

A reduced study load allows the student to reduce the number of units they are enrolled in.

#### Release

A release from the University allows the student to transfer to another education provider within six months of commencing their program.

\*Likely to result in the student having to extend their student visa. New visa grants are subject to the Department of Home Affairs' approval.

#### Changing study arrangements and visa conditions

International students studying in Australia on a student visa must be aware of the conditions relating to their visa. Conditions related to leave of absence, reduced study load and releases must be assessed and considered by the University in accordance with the ESOS Act 2000 and National Code 2018. Student visas are managed by the Department of Home Affairs (DHA); however, the University is legally obligated to notify DHA of any changes to an international student's change in study arrangements. Failure to comply with visa conditions could result in the cancellation of the student's enrolment and student visa.

#### Why do changes to study arrangements require assessment by the University?

International students undertaking a change to their study arrangements may only do so under **circumstances which** are classified as compassionate and/or compelling and which are beyond the student's control in accordance with legislative requirements (ESOS Act 2000, National Code of Practice, Standard 9). These circumstances must have a significant impact on the student's progress in their program or their personal wellbeing such as acute medical conditions (physical and mental). Homesickness, adjustment disorder or general cold and flu type illnesses where recovery is less than 2 weeks are generally **not** considered compassionate and compelling circumstances.

## **Use of the Health Assessment Form**

The Health Assessment Form is included in the application that a student submits to the University of Adelaide to change their study arrangements. It will allow the University to verify the student's claim and request to take leave from their studies, reduce their study load or be released from the University. The information you supply will be available to those staff who need access to it to carry out their duties in accordance with the University of Adelaide's privacy policy.

#### What information must a Health Assessment Form include?

The form must include:

- a. The health care professional's name, contact details, provider or registration number and signature.
- b. The date of the consultation.
- c. An evaluation by the health care professional of the duration and degree of impact on the student's ability to attend classes, study, or complete assessment requirements.
- d. The date the form was written and signed.

The form must be completed by a registered health care professional within the scope of their practice, who is not a family member and does not have a close or personal relationship with the student.

Please issue the form in line with guidelines provided by your professional association and only in respect of a health condition or extraordinary circumstances that you have observed.