

Students studying through OUA that need special arrangements for their exams are required to provide medical evidence outlining the details of their disability—and the functional implications of this disability in a formal assessment environment. Students should ask an appropriate practitioner or health care provider to complete this form, and supply additional documentation if required.

Some universities will have additional documentation requirements, in addition to this form. Students should contact their university's disability contact officer for a full list of requirements.

### Instructions for students:

- Ask your practitioner or health care provider to complete their section of this form.
- Send this completed form and any supporting documentation to your **university's disability contact officer**.

Certified copies are also acceptable. See your Student Hub for contact details.

- Apply with each university that you want to have alternative assessment arrangements applied to your subject assessment.

### We're here to help

Check with the OUA Disability Contact Officer if you require further information:

Email [disability@open.edu.au](mailto:disability@open.edu.au)

## Student authority for provision of information—to be completed by the student

First name:

Family name:

OUA ID:

Student ID:

Subject code

Subject name

Subject code	Subject name

*I hereby authorise the practitioner or health care provider to provide the information below and in any attachments, and I authorise the disability officer or equity officer to contact the practitioner or health care provider to discuss or clarify this information if required.*

Applicant signature:

Date:

## Medical evidence—to be completed by the practitioner or health care provider

Name of the student's disability or medical condition:

Indicate which category the student's disability or medical condition best fits into:

hearing	learning	mobility / physical
medical	neurological	vision
mental health	Other (please specify):	

Indicate if this condition is:

degenerative	permanent	fluctuating
temporary	improving	

Where applicable, indicate the date the condition is expected to be resolved:

How does the disability or condition impact on the student's ability to study? List the functional impacts of the disability as they apply to this student:

*For example, inability to sit for long periods, fatigue, loss of concentration, or medical effects.*

Attach additional information to this form if it's relevant.

Do you have specific recommendations for reasonable adjustments, in response to the functional impacts listed above, that would assist this student to enable equal participation relevant to a university learning environment?

List your suggestions:

*Examples include ergonomic seating, completing exams nearer to home, or enlarged print.*

If you're recommending that extra time be allocated, tick the appropriate boxes:

resting time

working time

Practitioner or health care provider name:

Title:  Mr  Mrs  Ms  Miss  Dr

Practitioner or health care provider qualifications or title:

Address:

Phone:

Fax:

Practitioner or health care provider signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Practitioner or health care provider stamp:

*If a stamp of professional authority is not available, all of the above information needs to be supplied as a signed statement on letterhead.*