

Medical impact statement

Applicant to read

- The statement below must be completed by a registered health professional who is familiar with your condition. All parts must be completed.
- Examples of a health professional are a medical practitioner, psychologist or medical specialist. **The person must not be related to you.**
- This *Medical impact statement* and the *Educational impact statement* must **not** be completed by the same person.

Health professional to complete

 **Before you complete this statement, read the applicant's Personal statement regarding their long-term medical condition, disability or ongoing effects of abuse.**

a) Long-term medical condition, disability or ongoing effects of abuse

Describe the condition affecting the applicant.

Please sign at the end of your written comments.

How long has the applicant been affected by the long-term medical condition, disability or ongoing effects of abuse?

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Years Months

How many times have you seen the applicant during the past two years about his/her medical condition, disability or abusive circumstances?

Please sign at the end of your written comments.

b) Effect on ability to undertake university study

Comment on ways in which the applicant's long-term medical condition, disability or effects of abusive circumstances is affecting or is likely to affect his/her ability to undertake university study.

Please sign at the end of your written comments.

Provide details of any medication/treatment that is affecting or is likely to affect the applicant's ability to undertake university study.

Please sign at the end of your written comments.

 **Impact:** Indicate the likely continuing impact of the long-term medical condition, disability or effects of abusive circumstances on the applicant's ability to undertake university study by ticking (✓) the appropriate box.

Not at all Slight Moderate Considerable A great deal

c) Details of registered health professional (eg a medical practitioner, psychologist or medical specialist **who is not related to the applicant**)

Name (print) _____

Position/occupation _____ Reg/Provider No. _____

Name of organisation (if applicable) _____

Telephone _____ Fax _____

Signature _____ Date _____

When this page has been completed, post to UAC, Locked Bag 112, Silverwater NSW 2128, or deliver to UAC, Quad 2, 8 Parkview Drive, Sydney Olympic Park NSW within seven working days of submitting your ES Online application.

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