

## 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.

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*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?

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*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.

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*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.**

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*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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