# **Confidential medical report**

Access arrangements and reasonable adjustments (AARA)

The QCAA requires a medical report for medical claims for AARA or illness and misadventure. Medical reports may only be completed by the student's general practitioner (GP), medical specialist, or psychologist (registered under Queensland's *Health Practitioner Regulation National Law Act 2009*). The health professional providing a report must not be related to the student or employed by the school. The information provided needs to be current and relate to the relevant assessment period.

Information provided in this report is treated in strictest confidence and is used only for the purpose of determining the AARA application.

If the health professional does not use this report form, they must supply a current medical report containing all of the following information.

This page is to be completed by the student and their parent/carer

Student details							
Student name							
LUI							
School							
FOR If you are unsure, see About this report, on the last page.	<ul> <li>□ AARA (for existing and chronic conditions)</li> <li>Health professionals complete:</li> <li>Part A</li> <li>Part B — AARA</li> <li>Health professional details.</li> </ul>	(for under the latest term) Health properties Part A Part Coordinates Health	nforese ofessio — Illne profess	misadventure een circumstances) onals complete: ess and misadventure sional details.			
I give permission for my health professional to provide information concerning this application to the QCAA, if required.							
Student signature:			Date:	1	1		
Parent/carer sig (if student is und			Date:	1	1		

The school will submit this completed report as part of an AARA application via the QCAA Portal.

When completed, QCAA classification = SENSITIVE (PERSONAL INFORMATION)

The information you provide on this form is being collected and used in relation to the functions and powers prescribed under Part 2 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014.* The information will be accessed by QCAA staff and handled in accordance with the *Information Privacy Act 2009.* Information held by the QCAA is subject to the *Right to Information Act 2009.* 



## Part A

This section is to be completed *only* by the health professional (all applications)

Student name										
Diagnosis										
Date of diagnosis	/	1								
Date of occurrence/onset	1	1								
Provide a brief hist symptoms	Provide a brief history of the student's disability, impairment and/or medical condition, including									

Is the student currently receiving	g treatment? Please indicate
Comment on the probable effect student's capacity to complete to	t of this disability, impairment and/or medical condition on this timed assessment
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## Part B — AARA

This section is to be completed *only* by the health professional (applications relevant to existing and chronic conditions)

Comment on how the disability, impairment and/or medical condition would affect this student's daily functioning in the classroom						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						
Professional recommendations for assessment adjustments						

#### Part C — Illness and misadventure

This section is to be completed *only* by the health professional (in the case of an unexpected illness or event).

I consider that the effect of the impairment arising from the medical condition is/was:									
□ r	☐ mild ☐ moderate				severe	<b>)</b>			
I consider that the student is/was:									
	disadvantaged due to a temporary medical condition								
	unfit to participate in assessment due to a temporary medical condition								
	from	/	1	to	1	/			
	unfit to	oartici	pate in a	ssessmen	nt due to a	a deteri	ioration in	a chronic condition	
	from	1	1	to	1	1			
								nt on the amount of time of the exam session	ne the student

### Health professional details

Name			
Profession			
Phone			
Specialty/qualifications (if applicable)			
Place of work			
Registration number			
Practice stamp (if applicable)			
Signature:	Date:	1	1

**Electronic signature:** If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001.* 

#### **About this report**

#### Access arrangements and reasonable adjustments (AARA)

Some students may have disability, impairment and/or medical conditions, or experience other circumstances that may be a barrier to their performance in assessment. Access arrangements and reasonable adjustments (AARA) are designed to assist these students. For more information, visit www.qcaa.qld.edu.au/senior/assessment/aara.

#### Illness and misadventure

Students may also experience unforeseen circumstances that may be a barrier to their performance in assessment, such as a significant deterioration of an existing medical condition, or experiencing a natural disaster, accident or significant cultural obligation. These students may be eligible for illness and misadventure adjustments.

#### Submitting this report

The medical professional should return this form to their patient. The school will submit the report as part of an AARA application via the QCAA Portal.