

Health Assessment Form

This form is to be completed if you have made a disclosure in Section 2 of the Safe to Practise Agreement or have been advised that this check is required, for example due to a LAP or extended absence from placement. The Academic Director or Manager of Professional Experience can also request an assessment from an independent health practitioner in cases where a student has been withdrawn from professional experience or additional information is received.

*Complete the first page of this form, and ask your health practitioner to complete the subsequent pages before **signing, scanning and submitting into InPlace** in the **Health Assessment** field.*

In accordance with the University of Tasmania [Safety and Wellbeing Policy](#) and [Professional Experience Placement Policy](#), all students intending to undertake professional experience (PE) placements are required to establish and maintain their medical, physical and psychological capacity to practice safely.

Personal Information Statement

Your personal information is being collected by the School of Education on behalf of the University of Tasmania for the primary purpose of establishing your capacity to participate safely in professional experience placement. Your personal information will only be used for the primary purpose for which it is collected and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties;
- professional experience placement providers for implementation of reasonable adjustments;

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the [Personal Information Protection Act 2004](#), the [Privacy Act 1988 \(Cth\)](#) and the University of Tasmania's [Privacy Statements](#). For information on how your personal information is being used or stored or to access your personal information visit the University's [Privacy](#) webpage.

Please undertake the Health Assessment below and upload this form into the [InPlace](#) Health Assessment Field.

Health Assessment

SECTION 1: MUST be completed by the Student

It is recommended this assessment be undertaken by the student's regular medical practitioner wherever possible.

I ID hereby give my authority for
(Practitioner's Name) and the authorised delegate at the University of Tasmania to transfer information relating to my capacity to safely undertake professional experience placement in an Education course. **I disclose that I:**

- **Experience/have the following medical, physical or psychological condition/s**

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.....

- **Take the following medications and/or receive regular medical treatment or intervention**

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.....

Signed: Date: (Student's Signature)

Medical Practitioner Declaration

SECTION 2: To be completed by the Medical Practitioner

Dear Practitioner,

The University of Tasmania requires all students to declare or, where necessary, **establish via health assessment** their capacity to safely participate in professional experience placement.

The student above has disclosed in **Section 1 of this form** that they have a medical, physical or psychological issue which could impair their capacity to safely undertake professional experience placement.

All students who intend to undertake professional experience placements are required to establish and maintain their medical, physical and psychological capacity to practise safely.

The School of Education courses contain **mandatory functional requirements** to be practised by all students. Could you please assess and declare the student's capacity to safely undertake the following **mandatory functional requirements in relation to the condition/s and medications disclosed by the student in Section 1 of this form and/or other issue** (e.g. injury involving return to work cover)?

Thank you for your time and consideration.

Note: Please refer the student to a relevant healthcare professional for further assessment if required.

1. Capacity to read and write to enable the student to:

- Prepare written documentation relevant to the educational context
- Accurately record observations and reflections
- Assist learners with their reading and writing

2. Capacity to undertake critical thinking and reflective analysis to:

- Critically self-evaluate and reflect upon own practice, feelings and beliefs and the consequences of these for individuals and groups within the placement setting and within the wider school community
- Critically evaluate and reflect upon 'learners' development and learning

3. Capacity to communicate enabling the student to:

- Accept instruction and professional feedback
- Clarify obligations regarding teaching practice
- Resolve conflict and negotiate with the placement community
- Communicate with learners in a professional manner in order to sustain a positive and safe learning environment

4. Capacity to professionally engage by:

- Interacting with the placement/school community in a caring and respectful manner
- Remaining emotionally balanced in diverse situations and demonstrating responsiveness to dynamic working environments
- Modeling behaviour appropriate to the professional and the educational context

5. Capacity to safely and productively use:

- Technical equipment, which includes having the dexterity to handle and operate equipment
- Essential equipment and materials
- And maintain adequate mobility and/or agility to effectively carry out teaching responsibilities

Please contact Professional Experience Office via email, professional.experience@educ.utas.edu.au, or via phone, 03 6324 3794, at the School of Education if you require clarification.

Medical Practitioner Declaration

This page must be completed with reference to pages 1 and 2.

1. How long has this student been your patient or a patient of your practice?
2. Diagnosis:

Note: If this student has a mental health condition, where it may be difficult to ascertain the current implications of the condition, can you please provide the following information:

Date of last episode:

Student's understanding of their condition relating to Mandatory Functional Requirements 3 and 4:

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3. Do you believe this student has the capacity to safely undertake these functions at present?

☐ Yes

☐ No

If No, when do you believe they will have the capacity?

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4. Do you have any concerns that this student's capacity to safely undertake these functions is impaired?

☐ Yes

☐ No

If Yes, would you please describe these concerns?

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5. Would you please describe any recommendations to the School of Education that you believe will assist this student to safely undertake these functions?

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6. Would you please describe any specialised equipment/resources that may assist this student to safely undertake these functions?

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7. In accordance with specific Course Requirements, students must be prepared to travel to their allocated placement, travel distance/time would not normally exceed 45 minutes/60 km. And in some instances, for their final placement, the student may request a placement away from their place of residence. Is there any specific medical reason why this student cannot travel or relocate for placement?

☐ Yes

☐ No

If Yes, would you please describe the reason?

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Name of Practitioner:

Provider Number:

Date of Medical Check:

Phone:

Email:

Address:

Signature: