

Medical Declaration and Reasonable Adjustment Request Form for Student Placements

This information will only be provided to the clinical or Work Integrated Learning (WIL) supervisor, or other authorised FedUni staff, to assist students with effective and safe participation in their placements. This form must be completed annually. The data will be stored in the FedUni InPlace system.

Students are invited to contact the Disability and Learning Access Unit (DLAU) to discuss personal circumstances. The DLAU is required to oversee the implementation of reasonable adjustments for disability that are complex in nature, or where they may incur costs for the University.

Part A: Student details

Name:	
Student ID:	
Phone:	
Address:	
Program code:	
Course code:	
Medicare number:	
Ambulance insurance membership number:	If not applicable, enter N/A
Name of private health insurance fund:	If not applicable, enter N/A
Private health insurance membership number:	If not applicable, enter N/A
Name of emergency contact person:	
Relationship to emergency contact person:	
Phone number for emergency contact person:	

Part B: Relevant medical information

Do you have any health factors that might be impacted by the proposed placement? Tick any applicable from the list, or detail other health factors not listed in the comments section below.

- | | |
|--|---|
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> High/low blood pressure or circulatory condition |
| <input type="checkbox"/> Asthma/lung/respiratory condition | <input type="checkbox"/> Migraines/persistent headaches/dizziness |
| <input type="checkbox"/> Chest/heart condition | <input type="checkbox"/> Muscular/skeletal condition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Anxiety/depression/mental health condition |
| <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> I do not have any health factors that will impact on my placement | |

Comments/other health factors:
If yes to any of the above health factors, how can the impact of these conditions be minimised or managed while on placement? A follow up meeting may need to be arranged to discuss.
Please list any medications that may impair your ability to undertake duties whilst engaged in University placement. Eg. Medication which causes drowsiness.

Part C: Reasonable adjustments for placements

Do you require reasonable adjustments for disability? This includes (but is not limited to) blindness or low vision, Deafness or hard of hearing, mental health conditions and mobility restrictions. For further information visit www.federation.edu.au/disability

- I do not require adjustments.
- I require reasonable adjustments for my placement. These are detailed in my Learning Access Plan. If your plan needs to be updated, please contact the Disability and Learning Access Unit.
- I request reasonable adjustments for my placement. I do not have a Learning Access Plan, so have detailed my request below. ****Placement staff and students may contact the Disability and Learning Access Unit (DLAU) to discuss these circumstances.**

Do you request reasonable adjustments for breastfeeding or significant carer responsibilities? For more information visit www.federation.edu.au/equity-rights

- I do not require adjustments.
- I request reasonable adjustments for breastfeeding or significant carer responsibilities as detailed in the space below. ****What is a reasonable or appropriate adjustment will vary with individual circumstances.**

Part D: Authorisation

I certify that the information contained in this form is full and correct, and authorise those in charge to take any steps necessary for my safety or wellbeing, including ambulance travel, medical treatment and/or hospitalisation. I understand that I am responsible for all medical related costs.

Students have the right to not disclose information but cannot hold the Host Agency or Federation University responsible for any harm, loss or damage as a result of non-disclosure or incomplete information provided.

FedUni recommends that you take a copy of this form with you on your placement experiences. Should your circumstances change, please advise your placement administrator directly.

Student signature: _____ **Date:** _____

OR

Parent/guardian signature (if student is under 18 years): _____

Name of parent / guardian: _____ *Date:* _____