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| 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 |       |
| FORIf you are unsure, see **About this report**, on the last page. | [ ]  **AARA** (for existing and chronic conditions)Health professionals complete: * Part A
* Part B — AARA
* Health professional details.
 | OR | [ ]  **Illness and misadventure** (for unforeseen circumstances)Health professionals complete: * Part A
* Part C — Illness and misadventure
* Health professional details.
 |
| I give permission for my health professional to provide information concerning this application to the QCAA, if required. |
| **Student signature:** | **Date:**    /    /      |
| **Parent/carer signature:**(if student is under 18) | **Date:**    /    /      |

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

# Part A

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

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

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| Is the student currently receiving treatment? Please indicate |
|       |

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| Comment on the probable effect of this disability, impairment and/or medical condition on this student’s capacity to complete timed assessment |
|       |

# Part B — AARA

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

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| Comment on how the disability, impairment and/or medical condition would affect this student’s daily functioning in the classroom |
|       |

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| 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).

|  |
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| I consider that the effect of the impairment arising from the medical condition is/was: |
| [ ]  mild [ ]  moderate [ ]  severe |
| 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    /    /      to    /    /     .[ ]  unfit to participate in assessment due to a deterioration in a chronic condition from    /    /      to    /    /     . |
| If the student was affected for less than a full day, comment on the amount of time the student was affected during a timed assessment, e.g. second half of the exam session |
|       |

# Health professional details

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

**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](https://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.