



Australian Government

AFTRS

## STUDENT MEDICAL QUESTIONNAIRE

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Student: Please read carefully. Complete Sections 1, 2 and 3 and return to Student Services.

### SECTION 1:

Name: \_\_\_\_\_ Student No: \_\_\_\_\_

The purpose of this questionnaire is to identify students with a medical condition that might be exacerbated by their study, to identify students with a medical condition that might cause an abnormal increase in the risk of injury, to identify students with special needs in relation to a medical condition, and to ensure students are medically able to undertake their study. The information will allow the School to assist in the prevention of an exacerbation of a medical condition and to discuss appropriate modifications or adjustments to study requirements and methods.

The personal medical information obtained in this form is confidential and is managed by the AFTRS according to the Information Privacy Principles set out in the Privacy Act 1988. The personal medical information is securely stored with access restricted to nominated staff and medical professionals the AFTRS may engage. Information contained in this statement is not made available to any other third party without your written consent unless the AFTRS is required to do so by a court or tribunal or under law.

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### SECTION 2:

Q1. Do you have a medical condition, disability or impairment that means you may require assistance if you are to effectively study in your chosen course?

YES  NO

Q2. Do you have a medical condition, disability or impairment that your teaching staff should be aware of for study, safety or other reasons?

YES  NO

If you have answered "YES" to either of these questions please provide details of the medical condition, disability or impairment and of any special requirements you may have.

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Please note that your response may be discussed with the relevant academic and production (where relevant) staff to ensure you are provided with the correct assistance.

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**SECTION 3:**

Declaration: I declare that I have read Section 1 of this form and understand the purpose and uses that may be made of the information I have provided.

I declare that I have answered all questions honestly and completely.

I declare that I have not knowingly withheld any relevant information.

I declare that to the best of my knowledge I am able to fulfil the requirements of the study with the assistance I have indicated.

I declare that I understand that incorrect or misleading statements or omission may have a negative impact on my study and assessment.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 4: OFFICE USE ONLY**  
**Student Services to complete**

Does the student require support services or reasonable adjustments to be made to their learning environment?

YES  NO

If yes, provide details here;

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Have all relevant academic and production staff been notified?

*Attach advice here.*

YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Services Manager

***This document and any attachments are to be placed in the student's file.***

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