



**Schools of Human Life Sciences, Medicine, Nursing & Midwifery,
Pharmacy, Psychology and Social Work**

Health Sciences

Safety in Practice Forms

SAFE TO PRACTISE MEDICAL CHECK FORMS

These forms are to be completed if you have made a disclosure in Section 8 of the Safety in Practice Agreement or been advised by your Head of School or their delegate that this check is required.

Complete the first page of this Medical Check Form, and ask your health care practitioner to complete the subsequent pages before signing your Safe to Practice agreement and return to the School.

To be completed by Student

I ID hereby give authority for (*Practitioner’s Name*) to release information relating to my medical, physical or psychological capacity to safely undertake work integrated learning professional experience practice in the following course:

Course: (Please circle)

Medicine

Nursing and Midwifery

Pharmacy

Exercise Science

Biomedical Science

Medical Radiation Science

Social Work

Psychology

Health Science

Bachelor of Paramedic Practice students are referred to a separate medical check form – refer to [Faculty of Health Science website](#).

Signed:
(*Student’s Signature*)

Date:

SAFE TO PRACTISE MEDICAL CHECK FORMS (LETTER TO HEALTH CARE PRACTITIONER)

Dear Practitioner,

The University of Tasmania requires all students to declare or establish via medical check their capacity to safely participate in work integrated learning professional experience practice.

The above student has disclosed to the University of Tasmania that they have a medical, physical or psychological issue which could impair their capacity to safely undertake professional experience practice.

In order to meet our duty of care obligations all students who intend to participate in **laboratory and field** activities are also required to establish and maintain their medical, physical and psychological capacity to practice safely.

You are therefore, required to declare the student's capacity to safely undertake the following professional experience placement **functional requirements** for their course:

1. *Reading and Writing*

- comprehend patient/client records, charts and/or medication labels and dosages; and
- accurately record patient/client notes.

2. *Critical Thinking and Analysis*

- critically self evaluate and reflect upon own practice, feelings and beliefs and the consequences of these for individuals and groups.

3. *Communication*

- accept instruction and professional criticism;
- question orders and decisions which are unclear; and
- resolve conflict and negotiate with staff and patients/clients.

4. *Psychological*

- interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
- remain emotionally calm in emergency situations.

5. *Physical*

- use technical equipment, which includes having the dexterity to handle, maintain and program equipment;
- physically support patients/clients, which may include wound management and administering CPR; and
- physically manage essential equipment and materials.

SAFE TO PRACTISE MEDICAL CHECK FORMS

To be completed by Healthcare Practitioner, *thank you*

Name:

Profession: Provider Number:

Phone: Date of Medical Check:

Address:

Signature:

Email address:

Declaration

- 1. Do you believe this student has the capacity to safely undertake these functions or activities at present? Yes No

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

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- 2. Do you have any concerns that this student’s capacity to safely undertake these functions or activities is impaired? Yes No

If yes, would you please describe these concerns?

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- 3. Would you please describe any recommendations to the University of Tasmania that you believe will assist this student to safely undertake these functions or activities?

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

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