

## Health Assessment Form

*This form is to be completed if you have made a disclosure in Section 5 of the Safety in Practice Agreement or have been advised that this check is required. The Academic Director or Coordinator 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Experience can also request an assessment from an independent health practitioner in cases where a student has been withdrawn from professional experience or additional information is received.*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.*

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In accordance with the University of Tasmania [Safe to Practice Policy](#), all students intending to undertake professional experience (PE) placements are required to establish and maintain their medical, physical and psychological capacity to practise safely.

### Personal Information Statement

Your personal information is being collected by the College of Arts, Law and 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*, and the University of Tasmania's *Privacy Policy*. For information on how your personal information is being used or stored or to access your personal information visit the University's [Policy and Delegations](#) website. You also have the right to request access to your personal information held by the University in accordance with the [Right to Information Act 2009 \(Tas\)](#) and the [Government Information \(Public Access\) Act 2009 \(NSW\)](#).

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

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## 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 of College of Arts, Law and Education to transfer information relating to my capacity to safely undertake professional experience placement in a College of Arts, Law and Education course. **I disclose that I:**

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

.....  
.....

- **Take the following medications**

.....  
.....

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.

College of Arts, Law and 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 students 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 with the classroom and within the wider school community
- Critically evaluate and reflect upon students' development and learning

**3. Capacity to communicate** to enable the student to:

- Accept instruction professional criticism
- Clarify obligations regarding teaching practice
- Resolve conflict and negotiate with the school community
- Communicate with students in an appropriate manner to sustain a positive and safe learning environment

**4. Psychological capacity** to:

- Interact with the school community in a caring and respectful manner
- Remain emotionally calm in all situations
- Model behaviour appropriate to the professional and the educational context

**5. Physical Capacity** to:

- Use technical equipment, which includes having the dexterity to handle and operate equipment
- Physically manage essential equipment and materials
- 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](mailto:professional.experience@educ.utas.edu.au) 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:

.....  
.....

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?

.....  
.....

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?

.....  
.....

5. Would you please describe any recommendations to the College of Arts, Law and Education that you believe will assist this student to safely undertake these functions?

.....  
.....  
.....

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

.....  
.....

7. In accordance with specific Course Requirements, students are allocated to professional experience placements subject to availability and are generally required to relocate to a region away from their place of residence for at least one of their placements. Is there any specific medical reason why this student cannot relocate for placement?

Yes

No

If Yes, would you please describe the reason?

.....  
.....

Name of Practitioner: .....

Provider Number: .....

Date of Medical Check: .....

Phone: .....

Email: .....

Address: .....

Signature: .....