

Health Assessment Form

This form is to be completed **if you have made a disclosure in Section 9** of the Safety in Practice Agreement or have been advised by your Head of Program that this check is required. The Head of Program, in conjunction with the Manager, Professional Experience Placement (PEP) Safety in Practice, can also request an assessment from an independent health practitioner in cases where a student has been withdrawn from PEP or additional information is received.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.

In accordance with the University of Tasmania [Health and Safety Policy](#), all students intending to undertake professional experience placement (PEP) 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 University of Tasmania for the purpose of establishing your capacity to participate safely in professional experience placement. Your personal information will only be used for the purposes outlined above and in accordance with the University's [Privacy Statements](#) 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;
- Australian Health Practitioner Regulation Agency (AHPRA) – only if required under the AHPRA mandatory reporting guidelines.

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, Privacy Act 1988 (Cth)*, the University of Tasmania's *Privacy Policy* and *Privacy Statements* which can be accessed at www.utas.edu.au/privacy. For information on how your personal information is being used or stored or to access your personal information, please refer to the link above. 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.

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 Health and
Medicine to transfer information relating to my capacity to safely undertake professional experience placement in
a College of Health and Medicine 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 participate in laboratory, workplace simulation environments and undertake professional experience placements are required to establish and maintain their medical, physical and psychological capacity to practise safely.

College of Health and Medicine 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:

- read and understand patient/client records, charts and/or medication labels and dosages;
- accurately record patient/client notes and communicate written information.

2. Capacity to undertake critical thinking and reflective analysis to:

- self-evaluate and reflect upon one's own practice, feelings and beliefs and the consequences of one's actions for individuals and groups.

3. Capacity to communicate to enable the student to:

- interact with patients/clients and health practitioners in a professional setting;
- accept instruction and professional criticism;
- question directions and decisions which are unclear; and
- resolve conflict and negotiate with staff and patients/clients.

4. Psychological capacity to:

- understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy;
- interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
- maintain self-control in professional situations.

5. Physical capacity to:

(5. N/A for Postgraduate Counselling and Psychology students)

- use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment;
- apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR); and
- manage essential clinical equipment and materials.

Please contact Mike Plakalovic (03) 6324 3358 at the College of Health and Medicine 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:

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.....

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?

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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?

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

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

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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?

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Name of Practitioner:

Provider Number:

Date of Medical Check:

Phone:

Email:

Address:

Signature: