

Health Assessment Form – Paramedicine - Tasmania

This form is to be completed by all students undertaking Professional Experience Placement in Paramedicine in Tasmania and should be read in conjunction with the [Bachelor of Paramedicine Inherent Requirements](#). Should your health status change during your studies you may be required to renew your health assessment.

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 (Paramedicine-Tasmania)** 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)* and the Australian Privacy Principles and 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 (Paramedicine-Tasmania) 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
within the Bachelor of Paramedicine program in Tasmania .

Signed: Date: (Student's Signature)

Medical Practitioner Declaration

SECTION 2: To be completed by the Medical Practitioner

Dear Practitioner,

This health assessment is required for students studying a Bachelor of Paramedicine at the University of Tasmania (Tasmania campus). This course requires students to undertake Professional Experience Placements within an ambulance service under full shift work conditions. During this placement the student will be expected to perform the full range of functional tasks required of a paramedic. Ambulance Tasmania in conjunction with the University of Tasmania requires all students to declare and **establish via this health assessment** their capacity to safely participate in 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.

Students enrolled in the Bachelor of Paramedicine in Tasmania are required to demonstrate their capacity to meet the course mandatory inherent requirements. Could you please assess and declare the student's capacity to safely undertake the ***mandatory inherent requirements***, as identified at the following link: https://www.westernsydney.edu.au/ir/inherent_requirements/inherent_requirements_for_paramedical_courses

Key components of the inherent requirements are as follows:

1. Cognitive skills to enable the student to:

- conceptualise and use knowledge appropriately to complete academic studies and be able to apply such learnings, including policies and procedures in a clinical setting;
- manage multiple tasks, in diverse, pressured and time critical situations (and be able to read and write under such conditions);
- sufficient literacy skills to be able to send and receive information, both verbally and in writing; strong reading comprehension skills, and to be able to write in a scholarly manner;
- to be able to share information in a scholarly, clear and concise manner both verbally and in writing;
- complete mathematical calculations in diverse, pressured and time critical situations including clinical calculations such as drug dosages and burn percentages.

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 be:

- able to understand, and appropriately respond to others in a timely manner and in a range of settings;
- able to recognise and appropriately respond to verbal clues while maintaining self awareness;
- sensitive to the needs of others including cultural sensitivity;
- able to maintain the above communication skills in settings which may be loud, dark, distracting and/or with individuals who may be distressed and/or behaviourally challenged.

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
- be able to cope with emotions and behaviours of self and others in a clinical setting.

5. Physical strength, mobility and performance to:

- use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment in a variety of environments;
- apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR);
- manage essential clinical equipment and materials with a carry weight up to 15 kgs;
- be able to maintain balance in all work settings;
- have fine motor skills sufficient to achieve a range of clinical tasks;
- have physical and mental stamina sufficient to perform multiple tasks in diverse, pressured and time critical situations while maintaining performance quality;
- be able to kneel on hard surfaces for prolonged periods of time and be able to perform effective chest compressions for up to five minutes without rest.

Thank you for your time and consideration.

Note: Please refer the student to a relevant healthcare professional for further assessment if required.

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 (if relevant):
.....

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 Inherent Requirements](#):
.....
.....

3. Do you believe this student has the capacity to safely meet these inherent requirements 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 meet these inherent requirements is impaired?

Yes

No

If Yes, would you please describe these concerns?
.....
.....

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

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

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

.....
.....

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?

.....
.....

8. Do you have any additional information that you would like to add regarding this student’s capacity to meet the Mandatory Inherent Requirements?

.....
.....

Name of Practitioner:

Provider Number:

Date of Medical Assessment:

Phone:.....

Email:.....

Address:

Signature: