



## FORM A - Confidential Medical Report

### Long Term/Chronic Condition or Mental Health Condition

#### Privacy Statement

The Department of Education (the Department) is collecting the personal information on this form (i) in accordance with the Education (General Provisions) Act 2006 for the purpose of considering and assessing your application for access arrangements and reasonable adjustments in examinations and assessments for your child, in order to support your child's education program, and (ii) to obtain lawful consent to disclose your child's personal information to the Queensland Curriculum and Assessment Authority (QCAA) in compliance with the Education (Queensland Curriculum and Assessment Authority) Act 2014 (QCAA Act) and the Education (Queensland Curriculum and Assessment Authority) Regulation 2014 (QCAA Regulation). The personal information in this form will be documented in OneSchool and will only be accessed by authorised Department staff. This information may be given to the QCAA in compliance with the QCAA Act and QCAA Regulation for the purpose of the QCAA to consider and assess your application for access arrangements and reasonable adjustments in examinations and assessments for your child, due to personal capacity circumstances or illness or misadventure.

The information collected on this form will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld) and this information will not be given to any other person or agency unless you have given the Department permission for the information to be disclosed or the Department is required by law to disclose it.

#### Student details (To be completed by the parent/carer and student)

Student name	
LUI	
School	
I give permission for my health professional to provide information concerning this application to the QCAA, if required.	
Student signature	Date:
Parent/carer signature (If student is under 18)	Date:

#### Diagnosis details (To be completed only by the health professional)

Student name	
Diagnosis	
Date of diagnosis	
Date of occurrence/onset	

#### Contact

info@fortitudevalleyssc.eq.edu.au  
(07) 3016 8888  
fortitudevalleyssc.eq.edu.au

#### Address

585 St Pauls Terrace  
Fortitude Valley QLD 4006

#### Post

PO Box 605  
Fortitude Valley QLD 4006

**Provide a brief history of the student's disability, impairment and/or medical condition, including symptoms**

**Is the student currently receiving treatment? Please indicate**

**Comment on the probably effect of this disability, impairment and/or medical condition on this student's capacity to complete timed assessment**

**Comment on how this disability, impairment and/or medical condition would affect this student's daily functioning in the classroom**

**Professional recommendations for assessment adjustments**

Health professional details	
Name	
Profession	
Place of work	
Phone	
Registration number	
Practice stamp (If applicable)	
Signature:	Date:

**Electronic signature:** If this document is completed electronically, by completing the fields above and inserting the signatory's name, the signatory agrees that this becomes a signed document pursuant to section 14 of the *Electronic Transactions (Queensland) Act 2001*.

## About this report

### Access Arrangements and Reasonable Adjustments (AARA)

Some students may have disability, impairment and/or medical conditions, or experience other circumstances that may be a barrier to their performance in assessment. Access arrangements and reasonable adjustments (AARA) are designed to assist these students. For more information, visit [www.qcaa.qld.edu.au/senior/assessment/aara](http://www.qcaa.qld.edu.au/senior/assessment/aara).

### Illness and misadventure

Students may also experience unforeseen circumstances that may be a barrier to their performance in assessment, such as a significant deterioration of an existing medical condition, or experiencing a natural disaster, accident or significant cultural obligation. These students may be eligible for illness and misadventure adjustments.

### Submitting this report

The medical professional should return this form to their patient.

The school will submit the report as part of an AARA application via the QCAA Portal.