

Thank you for providing information to assist Southern Cross University (SCU) in assessing the impact of this student's circumstances on their ability to attend Work Integrated Learning (WIL) within the Faculty of Health. WIL activities can include placements, field education, simulation and labs. By completing this form, you are confirming that the student has been impacted by a health condition and that SCU can make contact to verify authenticity.

Student Details

Surname	Given name
Student ID	Course

Healthcare Provider Details

Name	Provider stamp
Provider number	
Street address	OR
Phone	

Healthcare Provider Declaration

The abovenamed student consulted me / / and based on an examination of the student it is my professional medical opinion that they had/have a condition that impacted/will impact their ability to attend WIL between the period / / to / / .

OR

The abovenamed student has attended an appointment with me on / / that impacted their ability to attend WIL.

Please supply any additional Information