



Student Number: _____

Student Name: _____

Health Professional's Report: BondAbility provides support and services for students at Bond University with a disability or medical condition. The following information will be used by the Accessibility and Inclusion Advisor (AIA) to assist in providing the most appropriate academic support for your patient/client. Don't hesitate to contact the AIA by emailing accessibility@bond.edu.au if you require further information.

Consent to Release/Exchange Information

I, _____ (student's name) hereby give authority for Accessibility and Inclusion Advisor to contact my health professional (details below), regarding documentation and the nature of my disability/medical condition, and also for my health professional to contact the Accessibility and Inclusion Advisor regarding documentation and the nature of my disability/medical condition as it pertains to my academic performance.

Student Signature: _____ Date: _____

Health Professional's name: _____ Phone: _____

Email: _____ Fax: _____

General details

Diagnosis:

Expected duration of condition:

Impact of disability or medical condition on study at _____, including performance in exam situations

Please consider: reading, writing, typing, cognitive functioning, sitting tolerance, energy levels, mobility and parking requirements

[Empty box for impact of disability]

Effect of medication. *Please consider: concentration and memory, mobility and stamina, visual or other systems/how often is the medication taken*

[Empty box for effect of medication]

Other comments/any adjustments recommended

[Empty box for other comments]

Health Professional's Details

Practice Stamp

Signature:

Profession:

Date:

[Empty box for practice stamp]