

UNIVERSITY HEALTH FORM

The patient who has presented this form to you is applying for readmission to the University. S/he failed to meet the minimum requirements of study in the last academic year and has cited health (physical or psychological) as the reason or one of the reasons for failure to meet the requirements of her/his course of study. By completing this form you will be assisting us in determining whether or not the condition this person had/has could be a reasonable explanation for her/his failure and whether or not there has been such an improvement that success in the next academic year is more likely.

Thank you for taking the time to complete this form for us. Please note that we may contact you to verify this information for your protection and ours.

Please **do not complete this form if you are in any way related to or have a strong personal, work or social relationship with the student concerned.**

Please contact the University Deputy Registrar on (011) 717 1204 if you require additional information.

Full Names of Student:

Person Number:

Name of Practitioner:

Practice Number:

Telephone Number:

Practice Address:

1. Please indicate the period over which the disorder has been experienced by the student concerned.

2. Please list the dates on which you have consulted with the student.

3. If you have not consulted with the student before please list the dates on which the student has consulted with another practitioner and the name of the practitioner concerned.

4. Please indicate the date on which s/he started to receive treatment.

5. Please indicate (by ticking the relevant description) the extent to which the student has complied with the course of treatment.

Entirely compliant

Erratic compliant

Not compliant

Unknown

Other comments:

6. Please indicate below how the disorder would have affected the ongoing work of the student at University. (A short period of illness would not normally have impacted on the overall ability of a student to meet requirements at University even if the disorder was acute so please only indicated any impact that would have been sustained over a long enough period to result in an inability to succeed academically.)

Impact on work	Minimal impact	Some impact	Severe impact
Attendance			
Concentration			
Completion of work in and out of class			

7. Please indicate below how the treatment or medication prescribed would have affected the ongoing work of the student at University.

Impact on work	Minimal impact	Some impact	Severe impact
Attendance			
Concentration			
Completion of work in and out of class			

8. Please provide any other information in support of the above:

9. In your opinion is the situation/condition likely to improve this year to the extent that the above impacts will no longer affect her/his ability to succeed academically?

Yes

No

Uncertain

Conditional

If your response to this question is conditional please explain (this will enable us to make a more reasoned assessment and will enable us to set conditions if the student is readmitted).

Please insert your medical practice stamp alongside

Signature of Practitioner

Note to student: The original of this certificate must be submitted/uploaded with your WRC application.