

Step 2

What **impact** did your illness or medical condition have on your preparation for the TEE (or equivalent)?
(Place an **X** in the appropriate box.)

Note: you must provide evidence to support your claim and that evidence must make clear the impact on your studies. The university may re-assess your claim based on the supporting evidence.

- I was severely incapacitated
- I was moderately incapacitated due to recurring symptoms
- I had occasional disruptions to my studies
- Impact was relatively minor

COMMENTS TO ELABORATE FURTHER (IF REQUIRED):

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Step 3

For **how long** were you affected by the illness or medical condition? (Place an **X** in the appropriate box.)

- Affected for more than 2 years AND/OR affected in the last 3 months prior to the TEE
- Affected for between 1 and 2 years AND/OR affected in any other time during Year 12 (but not within 3 months of the TEE)
- Affected for 6 months to 1 year AND/OR affected in Year 11
- Affected for less than 6 months AND/OR affected more than 2 years ago

Step 4

List the documentary evidence you have provided to support your case for Criterion 7. **See page 2 of 'Student Statement' form for information on what constitutes appropriate evidence.**

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Criterion 7: Medical Evidence Form

This form must be completed by your Medical Practitioner or Health Professional in relation to Criterion 7.

Name of Medical Practitioner / Health Professional: Name and address of Hospital / Clinic / Surgery: Telephone number:	<i>Please write details below, or use official stamp:</i>
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I certify that I examined Mr/Mrs/Miss/Ms (Name of Applicant)

on (Date/s of consultation)

What is the medical diagnosis? (Please note that the information you provide will be treated in the strictest confidence and that you should provide all relevant information with this application. Please explain how it impaired the candidate in their preparation for the TEE [or equivalent].)

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Dates of onset and functional resolution of the problem: from to

Dates of first consultation regarding this problem: from to

Degree of illness - Please rate the degree of illness relating to the degree of functional or cognate impairment at the time of the illness. (Please mark an **X** in the appropriate box.)

Mild	Moderate	Severe	Chronic

Declaration of Medical Practitioner / Health Professional

I consider the above illness / medical condition to be temporary or abating in nature and, as a result, I consider that the applicant was disadvantaged in their preparation for the TEE (or equivalent).

Signature Date

<p>This form should be completed and returned to either the applicant (for inclusion with their UWay application), or alternatively can be posted directly to:</p> <p style="text-align: center;"> CONFIDENTIAL Executive Officer (Admissions Committee) Admissions Centre – M353 The University of Western Australia 35 Stirling Highway CRAWLEY WA 6009 </p>
