



# Medical Evidence Form

This form should be completed by your Medical Practitioner or Health Professional in support of your Request for Special Consideration on the basis of illness or other medical condition.

<b>Name of Medical Practitioner / Health Professional:</b>  <b>Name and address of Hospital / Clinic / Surgery:</b>  <b>Telephone number:</b>	<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 Request for Special Consideration), or alternatively can be posted directly to:</p> <p style="text-align: center;"> <b>CONFIDENTIAL</b>            Executive Officer (Admissions Committee)            Admissions Centre – M353            The University of Western Australia            35 Stirling Highway            CRAWLEY WA 6009         </p>
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