

ACCESS ARRANGEMENTS (MEDICAL INFORMATION)

AA2

Child's Name: _____

Date of Birth: _____

To be completed by the General Practitioner:

Have you examined the child? Yes: No: Date of examination: _____

Please outline the condition that you consider will impair the expected performance of this child in his/her entrance assessment:

Is this a pre-existing medical condition? Yes: No:

How long do you expect this condition to last? _____

Will further treatment be required before the Entrance Assessment? Yes: No:

In your opinion, how can the Assessment Centre best support this child to minimise the effects of the condition as outlined above?

Do you consent to the information on this form being forwarded to the relevant Assessment Centre along with a request for access arrangements to be made?

Yes: No:

I am satisfied that the information provided on this form is accurate and that all required original documentation is enclosed.

Doctor's Name: _____
Signature: _____
Date: _____

To be completed by the parent/guardian:

Parent/Guardian Name: _____
Signature: _____

Medical Practice official stamp:
(If available)
