



**CONFIDENTIAL**  
STUDENT IMPAIRMENT REPORT

Notes:

**\*Suitably qualified persons may include:** registered medical practitioners, registered dental surgeons, registered midwives, registered counsellors, registered chiropractors, registered psychologists, registered psychiatrists, registered psychotherapists, AUT Student Medical Centre registered nurses or suitably qualified members of the Student Hub team, subject to further referral where required.

- It is suggested that you do not discuss with the student your views as to the merit of his/her/their claim.
- Please complete the impact on assessment (section 2) part of the report.
- Please return the completed form to the student (see bottom of page) as soon as possible.

1. This is to certify that I examined/spoke with:

Family Name	<input type="text"/>	Date of Birth:	<input type="text"/>
First/Given Name	<input type="text"/>	AUT Student ID No:	<input type="text"/>
On date/s	<input type="text"/>		
Programme enrolled in	<input type="text"/>		
Paper(s) concerned	<input type="text"/>		

Please specify the exceptional circumstance that affected the above named student's preparation for and/or performance in academic assessment. (Please tick)

Physical Injury       Physical Illness      and/or       Mental/Emotional Wellbeing

2. Impact on Assessment(s) – Please specify period of impairment

In my opinion, this student:-

- Was (or will be) **seriously impaired** in their ability to prepare for or complete an assessment from [...../...../.....] to [...../...../.....]
- Was not seriously impaired in their ability to prepare for or complete an assessment.

3. Details of suitably qualified person completing this form

Name:	.....	.....
		Provider Number (where relevant)
Address:	.....	
Email:	.....	.....
		Phone Number

4. Declaration

**I declare that I am not in a close personal relationship with the student (i.e. a relationship which gives rise to potential conflict of interest, such as immediate family, matrimonial (incl. de-facto) and financial relationship).**

Signature

Date