

## Work-Integrated Learning (WIL) - Placement

### Health Assessment Form

#### SECTION 2 NEEDS TO BE COMPLETED BY A MEDICAL PRACTITIONER

Students need to complete this form if they have answered **YES** to any questions on the *Fitness to Practice Declaration* or if they have been advised by their unit and/or course coordinator the health assessment is necessary. The Head of School in conjunction with the Associate Dean Work-integrated Learning can also request a health assessment from an independent medical practitioner in cases where a student has been withdrawn from a placement or if a 'fitness to practice' concern has been raised.

The health assessment has been developed to guide students regarding the inherent requirements needed to undertake workplace learning for their course. Students undertaking health-related placements will be required to undertake a range of competencies & tasks that require students to be physically and psychologically fit. The health assessment will assist in finding a suitable placement for the student.

*Please complete SECTION 1 and SECTION 4 and ask your medical practitioner to complete SECTION 2 and SECTION 3*

#### SECTION ONE: Student Details (to be completed by the student)

Student Name:	
Date of Birth:	Student ID:
University Email:	Mobile:
Course Name:	Course Code:

#### SECTION TWO: Health Assessment (to be completed by the medical practitioner)

*This student has indicated they have medical, physical, or psychological concerns that may affect their capability to undertake a placement. This health assessment will assist in finding a suitable placement for the student.*

How long has this student been your patient or a patient of your practice?

Has the student been diagnosed with a condition?  Yes  No  
If YES, please provide the diagnosis

Have you discussed how their condition relates to their physical and mental capabilities?  Yes  No

PHYSICAL ACTIVITIES <i>(select those applicable – blank will be considered not applicable)</i>			
	Able	Require adjustments	Unable
Standing/walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling a trolley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working below knee height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments: (limits on duration, weight, movements, length of time, etc., and suggested recommendations)			
Do you have any concerns about the student's capacity to undertake a placement? If YES please provide details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PSYCHOLOGICAL ACTIVITIES <i>(select those applicable – blank will be considered not applicable)</i>			
	Not affected	Affected	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	
Concentration & attention	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	
Judgment & decision making	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments: (effect of psychological health and suggested recommendations)			

<p>Do you have any concerns about the student's capacity to undertake a placement? If <b>YES</b> please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is there any special equipment or resources that could assist the student to undertake these activities while they are on placement? If <b>YES</b> please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>ALLERGIES</b> <i>(select those applicable – blank will be considered not applicable)</i></p>	
<p>Do you believe that the student is suffering from an allergy to:</p>	<input type="checkbox"/> Latex <input type="checkbox"/> Environment
<p>Does the student require a management plan?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>SECTION THREE: Medical Practitioner Signature</b></p>	
<p>Do you believe this student can undertake a placement at this time? If <b>NO</b>, when do you believe they will be able to undertake their placement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Doctor's Name:</p>	<p>Provider Number:</p>
<p>Signature:</p>	<p>Date: ...../...../.....</p>
<p>Business Stamp/address here:</p>	

#### SECTION FOUR: Student Signature

I acknowledge that my personal information has been collected by Charles Darwin University to determine my ability to safely undertake a professional placement. This information will only be used for the purpose it was collected in accordance with the Information Act 2002, Privacy Act 1988, and the university's Privacy and Confidentiality Policy.

Students Name:

Date: ...../...../.....

Signature:

*Once completed please scan and upload the document into InPlace*