



Medical Practitioner's Report

UWay provides an alternative entry pathway for students who have experienced disadvantage that has negatively impacted on their final results at school or university. The following information will be taken into account when assessing your patient's UWay application.

Any information provided will be treated in the strictest confidence.

Patient information:			
Family Name:	Given Name:		
Date of Birth:	Male	Female	Other
Impact of the applicant's medical condition or examinations: Please consider reading, writing, concentration, sitting tolerance, energy levels, fa	typing, cognitive	e functioning and me	
Is the condition over, abating and/or well con	trolled?		
Effect of medication (if applicable): Please consider: concentration and memory, mo	obility and stami	na, visual or other sy	rstems
Diagnosis:			

Overall, how would you rate the impact of your patient's condition on their study and exam performance?					
Mild	Moderate	Severe	Chronic		
Date of onset and/or initial consultation regarding this problem: Date of functional resolution regarding this problem:					
Declaration of M	edical Practitio	ner/Health	Professional:		
		•	pating in nature and, as a result, CE examinations (or equivalent).		
Name:		Surgery Stamp			
Signature:					
Date:					
Complete this form and r OR email this form direct		for inclusion with	n their UWAY application)		
Email : <u>uway@uwa.edu.au</u> Please include applicant's	full name in subject line				

 $\textbf{Visit}: \underline{\text{https://www.uwa.edu.au/study/how-to-apply/admission-entry-pathways/uway}} \text{ for important dates and deadlines.}$