

**RMIT impact assessment statement – for a special consideration application on health/medical grounds**

Note: This impact assessment statement (IAS) is the best way to establish medical/health grounds for a special consideration application. A standard medical certificate can also be accepted if it states the dates and nature of the impact. This IAS must be completed by the registered medical/health practitioner who treated you for the condition. You may also include other documentation such as a letter from the practitioner.

I agree to RMIT University contacting my medical/health practitioner as necessary to clarify the information provided below.

Student signature: 郑肖 GONG Date: 26/09/2019

**Medical/health practitioner assessment**

On (date/s of consultation) 26/9/2019

I, BRIET MUMFORD (name) a registered medical/health practitioner, examined

STUDENT ZHENXIAO GONG Student ID: 3670090

and  have determined that he/she is suffering from: INSOMNIA (HISTORY OF DEPRESSIVE ILLNESS)  
(condition to be stated with student's consent)

or  the student reports that they are suffering from: \_\_\_\_\_


From 9/9/2019 to 19/10/2019

The condition is (please select as relevant):  permanent  infectious  episodic/fluctuating  deteriorating  improving

Please indicate your professional assessment of the type and level of impact of the condition on the student's activities.

Description of impact of the medical condition	Additional information	Dates affected	From	To
1. Able to travel/attend No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	<u>  /  /  </u>	<u>  /  /  </u>
2. Able to do sustained reading, note-taking and writing. No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> →	If yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less than usual <input checked="" type="checkbox"/> significantly less than usual	<input checked="" type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	<u>  /  /  </u>	<u>  /  /  </u>
3. Able to perform a task requiring intense concentration for 1-2 hours. No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> →	If yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> significantly less than usual	<input checked="" type="checkbox"/> as determined above <input type="checkbox"/> dates within the above →	<u>  /  /  </u>	<u>  /  /  </u>

**Additional information: please complete as needed**  
 - The student suffered from a short-term medical condition recently on top of current mental health symptoms.  
 - App with GP is scheduled.  
 - I've recommended by with GP.

Practitioner signature <u>[Signature]</u>	Date <u>26/9/2019</u>	
Practitioner's stamp (as available)	Complete only for details not provided in the stamp	
	Practitioner registration number	PSY0001647096
	Address of practice	RMIT Counselling Service, City Campus
	Telephone number	9925 5000
	Fax number / practice email contact	counselling@rmit.edu.au