

Student Services- Carer Medical Form

This form is intended for use by students who are the primary carer of a person with a disability, long-term illness and/or mental health condition and wish to have support.

PLEASE NOTE: A carer is defined by the *Carer Recognition Act 2010* as “an individual who provides personal care, support and assistance to another individual who needs it because that other individual (a) has a disability; or (b) has a medical condition (including a terminal or chronic illness); or (c) has a mental illness; or (d) is frail and aged...”. [UQ 3.50.06 Reasonable Adjustments- Students](#) policy and procedure recognises the support needs for a student with "exceptional caring responsibilities (e.g. severe illness of a family member)". An individual is not a carer merely because he or she (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or (b) lives with an individual who requires care. Any medical documentation provided will be held confidentially within Student Services and will not be shared outside of Student Services.

Health provider may be contacted if form is incomplete or for verification of authenticity.

Preferred name	Student number
Surname	Date of birth

Relationship details

Name of individual requiring support	
Nature of relationship	Parent/Guardian Sibling Partner Other Provide details: _____

Qualified Health Practitioner to complete remainder of form

Name (print):	Treating professional's stamp
Occupation:	
Signature:	
Date: dd mm yyyy	
AHPRA Number/ professional registration:	

Diagnosis of individual requiring daily support

Expected duration of diagnosis and care needs	SHORT TERM Care expected to end <small>dd</small> / <small>mm</small> / <small>yyyy</small> _____ LONG TERM (2+ years)

Care needs

I can confirm _____ student name _____ is required to provide unpaid daily care support, which includes the following tasks-

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End of form