

# Student Services- Medical Action Plan Information

*This form is intended for use by students may require immediate medical attention on a UQ campus.*

This form is to be completed by the student's treating health professional to provide information and actions in the event the student experiences a medical emergency on campus. This information is shared with UQ Security, who are first responders for medical emergencies on campus. The student is responsible to forwarding the completed for to UQ Security- [security@pf.uq.edu.au](mailto:security@pf.uq.edu.au)

Only use this form for conditions that require immediate medical response from UQ Security

## Student Details:

Preferred name	Student number
Surname	Date of birth

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

Health Care Insurance Provider	Health Care Number
Medicare Number	Expiry Date dd / dd / yyyy

## Emergency Contacts

Role	Name	Primary Contact Number	Alternative Contact number

## Diagnosis

## Medications

## Signs/symptoms (when immediate action required)

## Actions

The above information will be relevant until dd/mm/yyyy

**Qualified Health Practitioner** to complete for verification of the above information

**Name:**

**Occupation:**

**Signature:**

**Date:**

**Practice Name & Contact Details (or provide stamp / letterhead):**

**AHPRA Number / Professional Registration:**

**Treating Professional: If you have any comments to add to this Medical Action Plan, please do so below:**

**Practice / Treating Professional Stamp  
(preferred for verification but not essential):**