

STUDENT NAME: _____ STUDENT ID: _____

The above-named student has disclosed to Flinders University that they have a medical, emotional, physical or psychological condition that may affect their ability to undertake professional practice. This capacity assessment will assist the academic team to identify if a suitable placement can be secured for the student.

To be completed by the student's usual treating doctor:

Physical Function – select applicable (blank fields indicate that limitations are not applicable)

	Can	Modifications	Cannot
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Function – Additional Comments *e.g. limits on duration, weight capacity, movements or forces*

Mental Health Function - select applicable (blank fields indicate that limitations are not applicable)

	Not Affected	Affected
Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Memory (<i>short and/or long term</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Judgement (<i>ability to make decisions</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Function – Additional Comments *e.g. cognitive function, effects of mental health function*

Based on the physical function assessment, any concerns for the student to undertake professional practice? ☐Yes ☐No

If yes please describe: -

Based on the mental health function assessment, any concerns for the student to undertake professional practice? ☐Yes ☐No

If yes please describe: -

Are there any special equipment/resources that could be provided to assist this student to undertake activities while on professional practice? ☐Yes ☐No

Do you believe this student is capable both physically and mentally to undertake professional practice at this time? Yes ☐ No ☐

If No, when do you believe they will be able to undertake professional practice?

Dr's Name: _____ Provider Number: _____

Signature: _____ Date: _____

Practice Stamp or
Address Here