



MORLING
COLLEGE



MEDICAL EXAMINATION

This section must be completed by a registered Medical Practitioner. All information will be kept strictly confidential.

Morling College is a Bible and Theological college for On-Campus and Distance students. We are committed to accommodating students with disabilities and medical conditions in ways that will not compromise the academic standard or any essential component of our programs. As such, applicants who have a disability or medical condition that may impact on their ability to study and/or complete assessments and exams are required to supply this completed Medical Examination form with their application. This information will enable us to advise our students regarding their enrolment, to offer support and make special arrangements where necessary. Please attach additional information that might be helpful.

Applicant Details

Full name _____ Date of birth _____

Medical Conditions, Chronic Illness and Disabilities

Which category does the applicant's disability/condition best fit into:

☐ Hearing ☐ Mobility/Physical ☐ Visual ☐ Medical ☐ Acquired Brain Injury ☐ Intellectual ☐ Learning ☐ Mental Health ☐ Neurological ☐ Other

What is the nature of this condition?

Is the applicant's disability/condition: ☐ Temporary ☐ Intermittent ☐ Improving ☐ Degenerative ☐ Permanent/chronic

Is the applicant's disability/condition dependent on treatment? ☐ Yes ☐ No

If yes, please provide details:

Please indicate how the applicant's disability/condition will impact their ability to study (e.g., inability to sit for long periods, medical effects, reading/comprehension speed, etc.). If necessary, please attach further information.

Please give your recommendation(s) for special consideration in exam conditions:

- ☐ No special consideration needed ☐ Use of a computer instead of writing ☐ Enlarged print or different coloured paper
- ☐ Someone to write for the student ☐ Someone to read for the student
- ☐ Extra time in exams for writing ☐ Extra time in exams for rest break/s
- ☐ Other _____ Please specify _____

All recommendations will be considered by the Academic Registrar and approval granted according to the policies of the Australian College of Theology.

Details

Medical Practitioner _____ Date _____

Signature _____

Address _____

Phone _____

Stamp

Applicant's Consent

I give my consent for the disclosure of the above information to Morling College for keeping on my confidential student file.

Signature _____ Date _____