



IMPAIRMENT/AEGROTAT REPORT

PART B: Registered health professional or other professional party to complete (e.g. Student Health, a registered health professional, or other professional third party such as police officer, minister of religion, funeral director, counsellor)

I have seen _____

who is applying for consideration of impaired performance because of factors which may have affected their performance in the assessment on _____ at _____

It is my opinion that the impairment is: Minimal Moderate Severe (*tick one*)

(Refer to the definitions on page 1 of this appendix/form)

If required and with the permission of the applicant I am prepared to disclose the reasons for my support.

Name: _____ Registration No (if applicable): _____

Address: _____

Phone Number: _____

Position: _____

Signature: _____

Date: _____