

STUDENT DETAILS

Student Name

Juan Huang

Student Date
of Birth

22/07/2000

Student Number

1488273

DETAIL OF IMPACT

Providing specific dates of impact helps provide the student with the most appropriate and equitable study adjustments. Where possible please provide an estimated start and end date of impact. This form should only be used to verify an impact up to six weeks in duration.

If this health professional assessment has occurred four (4) business days after the assessment due date, based on your professional judgement please outline in the box below why the student was unable to apply for special consideration sooner.

Start date

(dd/mm/yyyy)

3/11/24

End date

(dd/mm/yyyy)

8/11/24

Is the condition considered to be ongoing?

☒ No

☐ Yes

(please provide approximate duration):

Does the student's condition significantly disadvantage or impact their ability to undertake the following types of assessment?

(Please tick as applicable)

☐ Written assessment (e.g. essay/assignment)

☒ Examination/take-home examination

☐ Performance/presentation

☐ Class and tutorial attendance/placement

☐ Other (please specify):

(Please specify dates below)

Please describe how the student's circumstances impact on their ability to complete, attend or prepare for the academic assessment task/s by the designated deadline/s. (Additional space is provided on the next page if required).

Severe Migraine with Episodes of Nausea
may impact his Concentration/Study.

By completing and signing this form, you are verifying the conditions/circumstances outlined on page 1 of this HPR

Practitioner's name:

Dr S. Nagappan

Registration no.:

5659281A

Name of practice:

Address of practice:

Dr S Nagappan
TOP MEDICAL & COSMETIC HUB
3/255 Bourke St Melbourne 3000
Ph 03 7046 0890 Fax 03 70460840
Email tmch255@gmail.com

Phone number:

Email address:

Registered with:

☒ AHPRA

☐ AASW

☐ PACFA

☐ ACA

(level 3 and above)

☐ Overseas Equivalent

(please specify):

Professional

practitioner's

stamp:

(if applicable)

Dr S Nagappan
TOP MEDICAL & COSMETIC HUB
3/255 Bourke St Melbourne 3000
Ph 03 7046 0890 Fax 03 70460840
Email tmch255@gmail.com

Signature:

Date Issued:

7/11/24

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