

## **Professional Experience Medical Clearance**

## **School of Education and Professional Studies**

**Professional Experience Office** 

		•	
Personal Details			
Preservice Teacher name:		Student Number:	
Professional Experience Course:		Placement Dates:	
	Medical (	Clearance	
<ul> <li>Have previously with</li> <li>Have an ongoing mee</li> <li>Have recently recove</li> <li>Are pregnant and wis</li> </ul> Medical clearance statem	Required for students intending to undertake drawn from a prac course on medical ground dical condition/injury ared from serious medical condition/injury sh to undertake prac within 6 weeks either sidents must stipulate that students are 'fit to undertake prac will not have adverse	de of due date rtake professional experie	ence', the dates of the prac and, where
	ny medication being taken will not have adverse	enects on penormance.	гогехатріе.
condition). I declare that	(patient name) on(date) who has he/she is fit to undertake the requirements of his eclared fit) to(date 1 week after la	s/her professional experie	
If applicable, the follo	wing statement should also be included:		
	ame) is currently being prescribed mance during the professional experience.	(medication), however	r this medication should not have any adverse
Medical Clearance			
Disability Services			
Have you met with Studen	nt Disability Services?		
Do you have any recommo	endations or required reasonable adjustments a	s provided by Student Dis	sability Services?
	•	·	
Details			

Supporting documentation
Has not been actioned
PExAL Approval
○ Yes ○ No
Notes