



NSW DEPARTMENT OF EDUCATION
ENTRY TO RESIDENTIAL AGRICULTURAL HIGH SCHOOLS
YANCO AGRICULTURAL HIGH SCHOOL
Student Medical Practitioner's Report

This form is to be completed by the Doctor

Students are required to have a Medical Practitioner Report completed before commencing boarding at Yanco Agricultural High School.

The purpose of the report is to:

1. Identify if the student has any adverse health conditions that would present risks to their health if they were take up residence at a boarding school.
2. To make the School aware of any health conditions that they will be required to manage in their duty of care for the student's wellbeing in a boarding school.

STUDENT DETAILS

Student First Name.....Student Last Name.....Date of Birth...../...../.....

MEDICAL CONDITIONS

I have examined the student named above, and indicated below where items 1, 2 or 3 apply.

PLEASE TICK THE RELEVANT BOX

1. **The student has (or has previously had) a health condition or disability that would impact upon their admission to Yanco Agricultural High School as a boarding student.**

PLEASE PROVIDE DETAILS OF ANY DIAGNOSED MEDICAL CONDITIONS, DISABILITIES, PREVIOUS OPERATIONS OR ANYTHING NOTED FROM THEIR MEDICAL HISTORY OF WHICH THE SCHOOL SHOULD BE AWARE.

Does the student have a Health Care Plan for any of the conditions stated above?

- Yes No

IF YES, PLEASE PROVIDE A CURRENT HEALTH CARE PLAN (IF APPLICABLE) FOR ANY OF THE HEALTH CONDITIONS MENTIONED ABOVE.

2. **The student has been diagnosed with Allergies/Anaphylaxis.**

DETAILS OF THE ALLERGY/ANAPHYLAXIS (If Applicable)

A CURRENT ASCIA PLAN MUST BE PROVIDED

3. The student has been diagnosed with Asthma

DETAILS OF THE ASTHMA (If Applicable)

A CURRENT ASTHMA PLAN MUST BE PROVIDED

Please provide any additional information about the student's wellbeing which you believe would be relevant and beneficial to the student's care.

MEDICATIONS

Please list current prescription medication and/or recommended over the counter medications

PLEASE PROVIDE A CURRENT PATIENT MEDICATION SUMMARY TO THE SCHOOL

Please list medications this student CANNOT take

CHECKLIST OF PROVISION OF HEALTH CARE PLANS TO PARENT/CARER

I have provided the parent with:

- General Health Care Plan Allergy/Anaphylaxis Plan Asthma Plan Patient Medication Summary

SUBMISSION

I confirm that I have discussed the content of this report with the Parent/Carer named below & consider that he/she understands it's content.

Where indicated above, I have provided an ASCIA and/or an Asthma Plan and/or a Health Care Plan and/or a Patient Medication Summary.

Unless indicated otherwise in the report, it is in my opinion, on the information available to me, that the student has no issues that would impact upon their health as a boarder at Yanco Agricultural High School, other than those that can be managed by the Plans or information provide herewith.

FIRST NAME OF DOCTOR.....LAST NAME OF DOCTOR.....

NAME OF PARENT/CARER ATTENDING CONSULTATION WITH STUDENT.....

NAME OF MEDICAL PRACTICE.....PHONE NUMBER

ADDRESS OF PRACTICE.....

SIGNATURE OF DOCTORDATE.....