

**SCHOOL OF OCCUPATIONAL THERAPY –
MEDICAL EXAMINATION REPORT**

STUDENT TO COMPLETE



I, _____, give permission for my general practitioner (GP),
_____, to provide **all relevant** medical information
to the School of Occupational Therapy, Otago Polytechnic.

I have read the attached information and understand that the information given will be used only to determine my health status in relation to the criteria given. The provision of this information will not necessarily exclude me from admission into the programme.

I agree to the Bachelors Coordinator, School of Occupational Therapy, Otago Polytechnic, contacting my GP should additional information be required.

I understand that this medical report will be treated confidentially and if I do not continue into the programme, will be destroyed by the School of Occupational Therapy.

The student is also required to declare any health conditions they have which may affect their ability to complete the requirements of the course.

Failure to disclose relevant information may jeopardise the security of any offers made. In the event of a false declaration, the Otago Polytechnic reserves the right to remove a student from the programme.

(Please circle)

No, I do not have any health conditions

Yes, I have health conditions

If **yes**, please record details of your health conditions in this space
(continue on separate sheet if needed)

Signed: _____ Date: _____

Please complete and sign this page, then forward with the attached pages to your GP.

SCHOOL OF OCCUPATIONAL THERAPY – MEDICAL EXAMINATION REPORT

INFORMATION FOR GP



Medical clearance is sought prior to final acceptance into the Otago Polytechnic **Bachelor of Occupational Therapy** programme.

The purpose of this is to:

- determine what, if any, special needs the student may have
- establish the student's health status, relative to course requirements
- meet requirements for clinical placements.

The Bachelor of Occupational Therapy programme involves a rigorous, three year academic programme plus clinical placements in community, hospital and school settings. Medical and psychiatric conditions to be included on the medical examination report are those which may require prolonged or on-going absences, impede access to clinical settings, or which may interfere with the student's ability to develop skills in the areas listed below:

- assimilation of verbal and written information
- observation skills
- lifting and transferring techniques
- group work
- basic verbal and written reporting
- the establishment of therapeutic relationships.

The reporting of medical and psychiatric conditions will not necessarily exclude the student from admission into the Bachelor of Occupational Therapy programme. The information may assist us to support the student appropriately.

This form requests a declaration of stability of the applicant's medical conditions. Please note that stability refers to a period of 12 months or more.

If further information is required regarding the completion of the medical examination report, please contact the Bachelors Coordinator, School of Occupational Therapy, Otago Polytechnic, on: 0800 762 786.

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GP TO COMPLETE

CONFIDENTIAL TO SELECTION PANEL



Medical Report for: _____
(Applicant's Name)

Health Conditions	Stable/Unstable Indicate period of stability/instability
1. _____ _____	
2. _____ _____	
3. _____ _____	
4. _____ _____	

(Continue on separate sheet if needed)

You may be contacted by the Bachelors Coordinator, School of Occupational Therapy, Otago Polytechnic, if further clarification is required prior to accepting the student into the programme.

Length of time the applicant has been a patient of this practice: _____

Name: *(please print)* _____

Address: _____

Phone: _____

Signed: _____

Date: _____

PLEASE RETURN ALL THREE PAGES TO ebstoo@op.ac.nz

Or Otago Polytechnic
Freepost
Private Bag 1910
Dunedin 9054

NOTE: All costs incurred are the responsibility of the student.