

The University of Western Ontario - Student Medical Certificate

STUDENT NUMBER: _____

I. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this physician to provide the following information to The University of Western Ontario and, if required, to supply additional information relating to my petition for special academic consideration.

Signature

Date

II. TO BE COMPLETED BY PHYSICIAN: [Note to Physician: When completing this form, please keep in mind that academic accommodation shall be granted only where the documentation indicates that the onset, duration and severity of the illness are such that the student could not reasonably be expected to complete his/her academic responsibilities. It will not be sufficient to provide documentation indicating simply that the student "was seen for medical reasons" or "was ill."]

I hereby certify that I provided health care services to _____, a student at The University of Western Ontario, on [date(s)]_____.

1. Is this an acute or chronic problem for this student? _____

2. Date of onset of problem (or acute episode if problem is chronic): _____

3. Student could not reasonably be expected to complete academic responsibilities as consequence of:

- Mobility impairment
- Trauma/Injury
- Nausea/vomiting/diarrhea
- Fever/Influenza
- Respiratory Distress
- Mental health concerns (please specify): _____

Other _____

4. Unable to complete academic responsibilities for:

- 24 hours
- 2 days
- 3 days
- 5 days
- Other _____

VERIFICATION BY PHYSICIAN

Name (please print)

REGISTRATION No. CPSO

SIGNATURE

DATE

ADDRESS (stamp, business card or
letterhead acceptable)

TELEPHONE #

PLEASE RETAIN COPY FOR THE PATIENT'S CHART.
NOTE: Any cost for this certificate must be paid by the patient.
Issued: 08SEP (Revised: 10DEC)