Verification of Personal Health Condition

This form is to verify a physical or mental health condition or injury that temporarily limits a student’s academic participation or ability to meet academic requirements. This applies to extenuating circumstances where a full recovery and return to previous levels of academic functioning is anticipated to happen within the next 3 months.

Student Name: ___________________________ Student Number: ___________________________
Queen’s Email: ___________________________ Phone Number: ___________________________

**Section A: Authorization to Share Information - Completed by Student**

I authorize the health care provider named below to complete this form in support of my request for academic considerations. This form will be submitted to the designated individual(s) in my Faculty / School office and may be shared with instructors or university personnel solely on a need to know basis.

Student Signature: ___________________________ Date: ___________________________

**Section B: Verification of Personal Health Condition - Completed by the Health Care Provider**

I certify that my assessment of this student and their level of impairments fall within my legislated scope of practice. On the basis of my examination and applicable documented history, I verify that this student is experiencing a health condition that is impairing their academic functioning. The following information is provided for Queen’s University to use in determining short term academic considerations.

Current impairment related to an ongoing disability? □ Yes □ No  □ Yes, registered with QSAS? □ Yes □ No

Date of onset of impairment: ___________________________

Follow-up (date): ___________________________ Anticipated recovery difficult to predict (plan to follow-up) □ Yes □ No

Anticipated duration of impairment: □ < 1 wk □ 1-2 wks □ 2-4 wks □ 4-8 wks □ 8-12 wks

<table>
<thead>
<tr>
<th>Impairment in Academic Functioning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Severe</td>
<td>Unable to fulfill academic obligations. Requires time off from academic commitments (i.e., unable to attend any classes or complete any course work).</td>
</tr>
<tr>
<td>□ Serious</td>
<td>Able to fulfill some academic obligations, but performance will be substantially affected (e.g., substantial decrease in ability to attend classes, meet deadlines).</td>
</tr>
<tr>
<td>□ Moderate</td>
<td>Able to fulfill some academic obligations, but academic performance will be considerably affected (e.g., unable to attend some classes and some assignments may be late).</td>
</tr>
<tr>
<td>□ Mild</td>
<td>Able to fulfill most academic obligations, but academic performance may be affected (e.g., occasionally unable to attend class, submit assignments).</td>
</tr>
</tbody>
</table>

If the student’s impairment is currently serious or severe, improvement to mild or moderate impairment is expected within □ < 1 wk □ 1-2 wks □ 2-4 wks □ 4-8 wks □ 8-12 wks

**Health condition may impact ability to participate in the following academic requirements:**

- [ ] □ Attend/participate in classes, labs, placement
- [ ] □ Write quizzes, tests, midterms
- [ ] □ Write final or comprehensive exams
- [ ] □ Complete assignments by deadline
- [ ] □ Complete oral presentations
- [ ] □ Complete thesis/dissertation obligation
- [ ] □ Participate in group work
- [ ] □ Other: ___________________________

**Section C: Health Care Provider’s Authorization - Completed by the Health Care Provider**

Name: ___________________________ Profession / Position: ___________________________
Signature: ___________________________ Date: ___________________________
Telephone #: (if not Student Wellness Services): ___________________________
Address (if not Student Wellness Services):

Students are responsible for providing this documentation to their Faculty/School Office and contacting their individual instructors to negotiate academic considerations once documentation is processed. The final decision regarding the academic considerations will be made by the course instructor.

Revised August 2018