McMaster University
STUDENT HEALTH CERTIFICATE

STUDENT #: _____

I. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this health practitioner to provide the following information to McMaster University relating to my petition for special consideration. I understand that the decision on my petition will be made by the Associate Dean's Office in my Faculty of registration.

_____ _____

STUDENT SIGNATURE **DATE**

II. TO BE COMPLETED BY HEALTH PRACTITIONER: (Please check applicable categories and indicate the applicable start and end dates)

√	Degree of Incapacitation		Start date	End date
☐	**Severe**	Completely incapacitated in relation to functioning at any academic level (e.g., completely restricted mobility, unable to attend any classes or write any tests/examinations)		
☐	**Serious**	Unable to fulfill academic obligations with significant impact on performance (e.g., unable to attend classes, unable to write a test/examination)		
☐	**Moderate**	Able to fulfill some academic obligations but performance will be considerably affected (e.g., able to attend classes, unable to concentrate for long periods, assignments may be late)		
☐	**Slight**	Able to fulfill academic obligations, but performance will likely be sub-optimal (e.g., able to attend classes, able to read)		
☐	**Negligible**	Unlikely to have any significant effect on ability to fulfill academic obligations		
☐	This is a chronic condition			
☐	Patient has fully recovered from illness at this time			

III. HEALTH PRACTITIONER COMMENTS: (Please complete the following)

The degree of incapacitation is based on an examination performed on _____ (date).

Comments:

IV. VERIFICATION BY THE LICENSED/REGISTERED HEALTH PRACTITIONER:

_____ _____

NAME (Please print) **ADDRESS (stamp, business card or letterhead acceptable)**

_____ _____

REGISTRATION NO. **TELEPHONE NUMBER**

_____ _____

DATE **SIGNATURE**

PLEASE RETAIN COPY FOR THE PATIENT'S CHART

NOTE: Any cost for completing this certificate must be paid by the patient

The student must submit the original Student Health Certificate to the Associate Dean's Office of the Faculty in which the student is registered, normally within five (5) business days of the missed work

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976.* The information is used for the academic, administrative, and statistical purposes of the University including, but not limited to, maintaining records, academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39 (2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario* (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean's Office of the Faculty in which the student is registered.