UNIVERSITY OF GUELPH – BA PROGRAM
VERIFICATION OF ILLNESS FORM

PATIENT (STUDENT) NAME: ____________________________________________

STUDENT ID #: __________________________

PHYSICIAN: Please mark (x) applicable category and please specify the degree and dates of incapacitation.

☐ SEVERE: Unable to attend class or exam on/from ______________ to ______________ (dates)

☐ MODERATE: Able to fulfill some academic obligations, but performance will be/would have been significantly affected from ______________ to ______________ (dates)

☐ SLIGHT/NEGLIGIBLE: Should not have/had any significant affect on ability to fulfill academic obligations

☐ OTHER: Can’t provide/verify illness – not seen here

Above assessment of the patient’s illness is based on:

☐ The degree of incapacitation is based on the patient’s description of his/her illness.

☐ The degree of incapacitation is based on an examination performed on ______________ (date). This medical condition has necessitated _______ visits. Please indicate the dates of visits:

☐ The symptoms of illness and/or side effects of medication may include:
  - Drowsiness
  - Lack of Concentration
  - Insomnia
  - Loss of Memory
  - Pain
  - Other: ___________________________

Additional Comments:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

PHYSICIAN TO COMPLETE

Date: __________________________ Signature: __________________________

CPSO Registration #: __________________________

Physician’s Address: __________________________

Physician Y N

Nurse Y N

STUDENT: I have read and understood the above information pertaining to my illness. I hereby give permission for the release of this information to my course instructor and program counsellor at the University of Guelph.

Name (Print): __________________________

Date: __________________________ Signature: __________________________

Please feel free to contact the BA Counselling Office at 519-824-4120 ext 52140 should you have any questions.

It is the Student’s responsibility to notify the Course instructor(s) and Academic Counsellor.