University of Guelph – School of Engineering
Verification of Illness Form

Patient (Student) Name: ________________________________

Student ID Number: ________________________________

PHYSICIAN TO COMPLETE:
Please specify the degree and dates of incapacitation and mark an (X) for the applicable category, as appropriate:

- Severe: [Unable to attend class or exam from ____________ to ____________, (date)]
- Moderate: [Able to fulfill some academic obligations, but performance will be/would have been significantly affected from ____________ to ____________, (date)]
- Slight/Negligible: [Should not have/had any significant affect on ability to fulfill academic obligations]
- Other: [Can’t provide/verify illness – not seen here]

The 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.
- The symptoms of illness and/or side effects of medication may include:

<table>
<thead>
<tr>
<th>Drowsiness</th>
<th>Lack of Concentration</th>
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<tbody>
<tr>
<td>Insomnia</td>
<td>Loss of Memory</td>
</tr>
<tr>
<td>Pain</td>
<td>Other</td>
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</tbody>
</table>

Additional Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PHYSICIAN TO COMPLETE:

Date: ______________ Signature: ____________________________

Physician (Y/N) Nurse (Y/N)

CPSO Registration #: ______________ Physician’s Address/Stamp:

STUDENT TO COMPLETE:

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, program counsellor and/or the Academic Review Subcommittee, as required at the University of Guelph.

Name (print): __________________________ Signature: __________________________

Date: __________________________

Questions should be directed to the Engineering Program Counsellor, Kim Thompson, P.Eng. at: 519 824-4120 ext 56986 or engcouns@uoguelph.ca

It is the student’s responsibility to notify the Course Instructor(s) and Program Counsellor of any illness that will affect academic performance.