

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:

Drowsiness	Lack of Concentration
Insomnia	Loss of Memory
Pain	Other

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 Office at:
519 824-4120 ext 56572 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.