



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 If yes, registered with QSAS? Yes No

Date of onset of impairment: _____

Date(s) student assessed: _____ Follow-up: _____

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

| Academic Requirement | N/A | Impairment in Academic Functioning | | | Severe |
|--|--------------------------|---|--|---|--|
| | | Mild | Moderate | Serious | |
| Attend/participate in classes, labs, placement | <input type="checkbox"/> | <input type="checkbox"/> Occasional days | <input type="checkbox"/> Some days | <input type="checkbox"/> Most days | <input type="checkbox"/> All days - Can not currently complete academic work |
| Write quizzes, tests, midterms | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |
| Write final exams or comprehensive exams | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |
| Complete assignments by deadline | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |
| Complete oral presentations | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |
| Complete thesis/dissertation obligation | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |
| Participate in group work | <input type="checkbox"/> | <input type="checkbox"/> Minimally affected | <input type="checkbox"/> Somewhat affected | <input type="checkbox"/> Significantly affected | |

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 N/A

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.

Information about the Verification of Personal Health Condition Form

Student Responsibilities

- Disseminate this form – see instructions for individual Faculties/Schools below. Follow the instructions for the Faculty/School that is granting your degree.
 - Arts and Science: Submit the form to the online portal.
(<https://www.queensu.ca/artsci/accommodations>)
 - Engineering & Applied Sciences: Submit the form (hard copy) to Rm 300 Beamish Munro Hall
 - Nursing (BScN): Submit the form (email or hard copy) to Barb Bolton (Rm 113)
 - Education (B.Ed): Submit the form (email or hard copy) to Alan Wilkinson (Rm A101a)
 - Commerce: Submit the form to the Commerce Office
 - Law: Submit the form (email or hard copy) to Helen Connop
(helen.connop@queensu.ca)
 - Medicine: Submit the form (email or hard copy) to the Learner Wellness Centre
 - Occupational Therapy: Submit the form (email or hard copy) to your program assistant, Kayla Desloges (kayla.desloges@queensu.ca)
 - Physical Therapy: Submit the form (email or hard copy) to your program assistant, Kathy Grant (grantk@queensu.ca)
 - Graduate Students: Submit the form (email or hard copy) to your instructor(s) or supervisor

Instructor Responsibilities

- Meet with student to negotiate academic considerations (i.e., deferral of tests/exams, extensions on assignments, etc.)

Student Wellness Services Responsibilities

- Provide original copy of form to student
- Upload form to student file