Université d'Ottawa | University of Ottawa

Student Medical Certificate

A. TO BE COMPLETED BY THE STUDENT:

I, _____, hereby authorize this health care professional to provide the information collected on this form to the University of Ottawa to support my request for special academic consideration for medical reasons.

_____ STUDENT NAME

_____ STUDENT NUMBER

_____ SIGNATURE

_____ DATE (YEAR / MONTH / DAY)

This personal information is being collected under the authority of the University of Ottawa Academic Regulation I-9.5 and will be used for administrative and academic record-keeping, academic integrity purposes, and the provision of services to students. Please contact the Vice Dean of the Faculty in which you are seeking academic consideration with questions about the collection, use, and disclosure of this information.

B. TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL:

1. I hereby certify that I examined and/or assessed the above-named student on _____
   (INSERT THE DATE(S))

2. I am providing the following information for use by the University of Ottawa in assessing what special consideration, if any, should be given to this student in respect of missed or affected classes, labs, assignments, tests, examinations, or clinical/practicum/field placements. **I understand that I may be contacted by the University to verify this information,** but will not be requested to provide further information without the consent of the student.

Expected duration: From _____ DATE (YEAR / MONTH / DAY) to _____ DATE (YEAR / MONTH / DAY)

C. VERIFICATION

Name: _____ (PLEASE PRINT)

Registration Number: _____

Address: _____

Phone number: _____

Signature: _____

The personal information on this form is collected under the authority of the University of Ottawa Act, S.O. 1965, C.137. At all times the personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection, please contact the Access to Information and Privacy Office (AIPO).

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