

**DOCUMENTATION OF PHYSICAL OR CHRONIC CONDITION**

**STUDENT**

I understand that this form will be released to Academic Accommodations Services, University of Ottawa for the following purposes:

- to confirm the presence of a medical condition;
- to identify if the condition is permanent or temporary;
- to evaluate functional limitations in the learning environment;
- to help Academic Accommodations Services determine appropriate accommodations and supports.

\* The information you provide in the form can be used to assess the need for learning supports, academic accommodations, or access to a range of benefits including government funding.

STUDENT NAME	STUDENT NUMBER
STUDENT SIGNATURE	DATE

**WHO CAN COMPLETE THE FORM?**

The documentation form is to be completed by a **treating Family Physician, Nurse Practitioner or Specialized Physician**. The health professional has knowledge of the patient's history and is licensed to diagnose and treat the medical condition. **Students are not to fill out the medical form or functional limitations.**

**WHO SEES AND USES THIS INFORMATION?**

Information provided will be used for the purposes described above and confidential in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Protection Act (PHIPA). If you have any further questions please contact us.

**TO ONLY BE FILLED OUT BY TREATING FAMILY PHYSICIAN, NURSE PRACTITIONER, OR SPECIALIZED PHYSICIAN**

<b>DIAGNOSTIC STATEMENT</b>	I confirm that I am in the process of assessing the student's condition to verify a diagnosis.	DIAGNOSTIC TESTING WILL BE COMPLETED ON: <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 33%;">YEAR</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> </tr> </table>	YEAR	MONTH	DAY	OR	PLEASE STATE THE <b>CONFIRMED DIAGNOSIS</b> :			
YEAR	MONTH	DAY								
<b>DURATION OF DISABILITY</b>	<b>PERMANENT:</b> The disability is expected to remain for the duration of postsecondary studies.	<b>TEMPORARY:</b> The disability is expected to remain from <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 33%;">YEAR</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> </tr> </table> to <table border="1" style="width: 100%; text-align: center; font-size: small;"> <tr> <td style="width: 33%;">YEAR</td> <td style="width: 33%;">MONTH</td> <td style="width: 33%;">DAY</td> </tr> </table>	YEAR	MONTH	DAY	YEAR	MONTH	DAY	<b>UNKNOWN DURATION</b> <i>(Note: accommodations will be established for one semester until additional documentation is provided).</i>	
YEAR	MONTH	DAY								
YEAR	MONTH	DAY								
<b>FLUCTUATING SYMPTOMS</b>	The student's disability has symptoms that can fluctuate.									

**TREATMENT PLAN** Please update this document if the treatment plan changes.

1. IF A DIAGNOSIS HAS BEEN CONFIRMED, PLEASE PROVIDE DATE OF FIRST DIAGNOSIS:
2. HOW LONG HAVE YOU BEEN TREATING THE STUDENT?
3. WILL YOU BE MONITORING THE STUDENT ON A REGULAR BASIS? YES, EVERY _____ NO, THIS STUDENT WILL BE FOLLOWED BY _____
4. DO YOU CONSIDER THE MEDICAL CONDITION TO BE:      MILD      MODERATE      SEVERE
5. IF THE STUDENT HAS BEEN PRESCRIBED MEDICATION FOR THIS CONDITION, CAN YOU SPECIFY CURRENT (IF ANY) SIDE EFFECTS THAT MAY IMPAIR THE STUDENT'S ACADEMIC PERFORMANCE?
6. DOES THE STUDENT HAVE LIMITED FUNCTIONING AT CERTAIN TIMES OF THE DAY? PLEASE CHECK ALL THAT APPLY: MORNING      AFTERNOON      NIGHT
7. DOES THE STUDENT RECEIVE OTHER TREATMENTS OR THERAPIES?

**Academic Accommodations Services**

100 Marie-Curie Private, Room 408, Ottawa ON K1N 9N3  
 Phone : 613-562-5976 | Fax : 613-562-5159 | adapt@uOttawa.ca



To only be filled out by Family Physician, Nurse Practitioner or Specialized Physician

FUNCTIONAL LIMITATIONS THAT IMPACT THE UNIVERSITY ENVIRONMENT				
	<b>NO IMPACT</b> Unlikely to have an effect on ability to fulfill academic obligations.	<b>MILD IMPACT</b> Likely to be able to fulfill academic obligations, but performance affected to a minor degree, with mild impairment and minimal symptoms.	<b>MODERATE IMPACT</b> Student requires moderate supports or accommodations to succeed.	<b>SEVERE IMPACT</b> Significantly impaired in ability to fulfill academic obligations e.g. unable to complete some assignments, unable to write some tests/ examinations.
<b>PAIN</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>WALKING</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>SITTING</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>STANDING</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>FINE MOTOR COORDINATION</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>BALANCE / COORDINATION</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>TIME MANAGEMENT</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>ORGANIZATION</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>ENERGY LEVEL</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>ATTENTION / CONCENTRATION</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>STRESS MANAGEMENT</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>INFORMATION PROCESSING</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>MEMORY</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>ENVIRONMENTAL SENSITIVITIES</b> Ex: light, sound, allergies. Please specify.	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	
<b>OTHER</b>	<b>NO IMPACT</b> MILD IMPACT	<b>MODERATE IMPACT</b> SEVERE IMPACT	DESCRIBE THE IMPACT:	

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