TYNDALE
• UNIVERSITY COLLEGE & SEMINARY •

Verification of Student Illness or Injury

This is the official medical form for all Tyndale University College & Seminary students registered with the Accessibility Office. The medical portion must only be completed by an attending medical professional qualified to diagnose the condition.

STUDENT NAME: _____ STUDENT ID: _____

By signing this form, the student is authorizing this practitioner to provide information pertaining to his/her illness, and gives permission for the information to be released to the Accessibility Services at Tyndale University College & Seminary.

STUDENT SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE PRACTITIONER *On the basis of your assessment, please indicate below the effects of the illness or injury on the student's ability to participate in activities related to their education. This information will be used by the Tyndale University College & Seminary Accessibility Office in evaluating what special considerations, if any, should be given for the student's missed academic responsibilities.*

Degree of Incapacitation on Academic Functioning *(please check the appropriate category)*	
	SEVERE: Completely incapacitated, unable to function at any academic level such as fulfill any academic obligations (tests, exams, assignments) and/or attend classes
	SERIOUS: Significantly incapacitated and impaired in ability to fulfill academic obligations e.g. can attend class but unable to write assignments or tests/exams
	MODERATE: Able to fulfill some academic obligations with performance being affected e.g. decreased concentration, low functioning, etc. resulting in assignments being late and/or requiring extra time for tests/exams
	SLIGHT: Able to fulfill academic obligations with sub-optimal performance due to mild impairment
	NEGLIGIBLE: No effect on academic functioning

Start Date: _____ Anticipated End Date: _____

COMMENTS:

Frequency of contact with the student relevant to this illness/injury (*please check)*:

☐ Single Specify Date: _____ ☐ Multiple Specify Dates: _____

This form is based on examination and assessment of the above student and by signing the form it's acknowledged that the assessment falls into the practitioner's legislated scope of practice.

NAME *(print):* _____

SIGNATURE: _____

DATE: _____

BUISNESS STAMP

This form adheres to the Ontario Human Rights Commission (OHRC) and Accessibility for Ontarians with Disabilities (AODA) standards and guidelines to support students with disabilities. The information is modified for Tyndale University College & Seminary from a compilation of best practices across Ontario Universities and Colleges, and recommendations from the Ministry of Advanced Education and Skills Development.