

**A. TO BE COMPLETED BY THE STUDENT:**

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ to provide the following information to the University of Windsor and, if required, to supply additional information to support my request for special academic consideration for medical reasons. My personal information is being collected under the authority of the *University of Windsor Act 1962* and will be used for administrative and academic record-keeping, academic integrity purposes, and the provision of services to students. For questions in connection with the collection of this information, the Associate Dean of my Faculty may be contacted at 519-253-3000.

\_\_\_\_\_  
Signature Student No. Date

**B. TO BE COMPLETED BY THE PHYSICIAN:**

1. I hereby certify that I provided health care services to the above-named student on \_\_\_\_\_  
(insert date(s) student seen in your office/clinic)

2. The student could not reasonably be expected to complete academic responsibilities for the following reason (in broad terms):  
\_\_\_\_\_

3. This is an  acute /  chronic problem for this student.

4. Date(s) student affected by this problem: \_\_\_\_\_

5. Unable to complete academic responsibilities for:

24 hours  2 days  
 3 days  4 days  
 5 days  Other (please indicate) \_\_\_\_\_

6. Is the medical problem likely to recur and affect his/her studies again?  Yes  No

Reason: \_\_\_\_\_

**PHYSICIAN VERIFICATION**

Name: (please print) \_\_\_\_\_ Registration No. \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_  
(stamp, business card, or letterhead acceptable) Date \_\_\_\_\_

**PLEASE RETAIN COPY FOR THE PATIENT'S CHART. Note: Cost of certificate to be paid by student.**

\_\_\_\_\_  
The professor reserves the right to reject this certificate.

Office Use: Date received \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Notified by email \_\_\_\_\_

<sup>1</sup> This form has been adapted, with permission, from the University of Windsor Faculty of Law Student Medical Certificate and the University of Western Ontario Student Medical Certificate.