

UNIVERSITY OF WATERLOO VERIFICATION OF ILLNESS

NAME: \_\_\_\_\_

FACULTY: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DEGREE and DATES of INCAPACITATION:

SEVERE - Completely incapacitated as regards to functioning at an academic level (unable to attend any classes). FROM: \_\_\_\_\_

TO: \_\_\_\_\_

MODERATE - Able to fulfill some academic obligations, but performance will be considerably affected (unable to attend some classes and some assignments may be late). FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SLIGHT - Able to fulfill academic obligations, but performance will likely be sub-optimal (able to attend classes) FROM: \_\_\_\_\_

TO: \_\_\_\_\_

NEGLIGIBLE - Should not have any significant effect on ability to fulfill academic obligations FROM: \_\_\_\_\_

TO: \_\_\_\_\_

COMMENTS:

The degree of incapacitation is based on the patient's description of his/her illness. He/she has completely recovered at this time.

The degree of incapacitation is based on an examination performed on: \_\_\_\_\_ (date).

The student has been seen here on \_\_\_\_\_ (number) of occasions for this medical condition.

The symptoms of illness and/or side effects of medication may include:

Drowsiness Loss of memory None

Insomnia Pain

Lack of concentration Other: \_\_\_\_\_

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Physician Nurse

Please print Physician's name, address, telephone number and CPSO registration no. Alternatively, affix the physician's stamp to the space below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

CPSO Registration Number: \_\_\_\_\_

I have read and understood the above information pertaining to my illness, and hereby give permission for its release to my course instructor at the University of Waterloo.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

JUNE/12 HS

It is a student's responsibility to notify the course instructor(s).