

University of Waterloo Verification of Illness Form

Patient Information

Name: _____

Faculty: _____

ID Number: _____

Program: _____

Degree of Incapacitation

Severe	Unable to attend classes
Moderate	Able to fulfil some academic obligations, but performance will be/ would have been significantly affected
Slight	Able to fulfil academic obligations, but performance may be / might have been affected
Negligible	Should not have/had any significant effect on ability to fulfil academic obligations

Dates of Incapacitation

Start date: _____ End date: _____

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 _____. The student has been here on ___ (number) of occasions for this medical condition.	
The symptoms of illness and/or side effects of medication may include:	
<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Loss of memory
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Pain
<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Other: _____

Date: _____

Name: _____

Physician Nurse Counsellor

Comments:

VALID ONLY WHEN EMBOSSED

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.
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