

# University of Waterloo Verification of Illness Form

## Patient Information

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

Faculty: \_\_\_\_\_

ID Number: \_\_\_\_\_

Program: \_\_\_\_\_

## Degree of Incapacitation

<b>Severe</b>	Unable to attend classes
<b>Moderate</b>	Able to fulfil some academic obligations, but performance will be/ would have been significantly affected
<b>Slight</b>	Able to fulfil academic obligations, but performance may be / might have been affected
<b>Negligible</b>	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:

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.

