Verification of Condition Form

The Verification of Condition Form is the official form accepted by the University of Waterloo for requesting academic considerations due to a short-term illness or injury. This form must be completed by the student (section 1) and a health care practitioner (sections 2 and 3).

Section 1: Student personal information (to be completed by the student)

First name(s):	**Last name(s):**	
Faculty:	**Waterloo student ID:**	**Date of birth (YYYY/MM/DD):**
By submitting this form, I am providing consent to the University of Waterloo to contact the office of the health care practitioner who issued the medical documentation submitted in support of my request for academic consideration, solely for authentication.		
Student signature:		

Section 2: Practitioner information (to be completed by a health care practitioner – please print)

First and last name(s):	**Official stamp (incl. address and contact information):**
License/registration number (e.g., CPSO): **Designation (e.g., MD, NP, RN, Psychologist):**	

Section 3: Condition details (to be completed by a health care practitioner)

By completing section 3, I can confirm that I am providing the following information for use by the University of Waterloo in assessing what academic considerations may be granted in respect to missed academic obligations.

Instructions: Select the degree of incapacitation, the type of assessment, and provide the related dates.

The student's degree of incapacitation: ❑ **Severe:** Significantly impaired and unable to fulfil any academic obligations. ❑ **Moderate (all):** Able to fulfil some academic obligations, but performance will be / would have been considerably affected. ❑ **Moderate (in-person):** Unable to fulfil in-person academic obligations, but is / would have been able to fulfil other academic obligations. ❑ **Slight:** Able to fulfil academic obligations, but performance may be / might have been mildly affected.	**Assessment:** ❑ The degree of incapacitation is based on the patient's description of their illness. ❑ The degree of incapacitation is based on an examination performed on **(date (YYYY/MM/DD)):**
Date of onset of incapacitation (YYYY/MM/DD):	**Anticipated return to studies (YYYY/MM/DD):**
Health Care Practitioner signature:	**Date (YYYY/MM/DD):**