

# University of Waterloo

## Verification of Illness Form

### Patient Information

Name:	Faculty:
Student ID #:	Program:

### Patient Disclaimer

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

By submitting this form, I am providing consent to the University of Waterloo to contact the office of the healthcare practitioner(s) who issued the medical documentation submitted in support of my Petition for Exception to Academic Regulations, solely for the purpose of authentication. This includes confirming:

- that the document(s) were issued to me, and the date(s) they were issued;
- that the information provided in the document(s) is consistent with their records (i.e. unmodified);
- that the document(s) were completed by a registered healthcare practitioner, operating within their scope of practice.

I am not authorizing the University to discuss my medical information or any medical condition(s) with my healthcare practitioner(s) by submitting this form. If necessary, further consent for such discussions will be requested.

I understand that any document(s) submitted, suspected of being fraudulent, will be forwarded to my Associate Dean or their delegate for consideration under Policy 71 – Student Discipline, along with my Petition for Exception to Academic Regulations and any other necessary supporting documents.

Failure to provide this consent may impact the review and assessment of my Petition for Exception to Academic Regulation. A withdrawal of my petition after submission does not withdraw the above consent.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Degree of Incapacitation (check one)

<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:
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### Assessment

The degree of incapacitation is based on the patient's description of their illness. They have completely recovered at this time.			
The degree of incapacitation is based on an examination performed on _____ . The student has been here on ___ 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:

### Healthcare Practitioner Information

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

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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