



Verification of Personal Health Condition

Student Name: _____ Student Number: _____

Queen's Email: _____ Phone Number: _____

Section A: Authorization to Share Information - Completed by Student

I authorize the health care provider named below to complete this form in support of my request for academic considerations. This form will be submitted to the designated individual(s) in my Faculty / School office and may be shared with instructors or university personnel solely on a need to know basis.

Student Signature: _____ Date: _____

Section B: Verification of Personal Health Condition - Completed by the Health Care Provider

I certify that my assessment of this student and their level of impairments fall within my legislated scope of practice. On the basis of my examination and applicable documented history, I verify that this student is experiencing a health condition that is impairing their academic functioning. The following information is provided for Queen's University to use in determining academic considerations.

Impairment in Academic Functioning

Current impairment related to ongoing disability? Yes No

If yes, registered with Queen's Student Accessibility Services (QSAS) for disability? Yes No

If yes, do not complete this form. Send Letter of Accommodation to your instructor and contact QSAS, if needed.

Date of onset of impairment: _____

Anticipated duration of impairment (from date form completed):

< 1 wk 1 – 2 wks 2- 4 wks* 4 – 8 wks* 8- 12 wks*

If the student's impairment is currently **serious or severe**, improvement to **mild or moderate** impairment is expected within < 1 wk 1 – 2 wks 2- 4 wks 4 – 8 wks 8- 12 wks

*I would recommend academic advising to further understand academic options available? Yes No

Mild/
Moderate

Due to health condition **might** require:

Occasional absences from classes, labs, placement

Extra time on assignments and/or thesis/dissertation obligation – to be negotiated with instructor

Rescheduling or other consideration for timed evaluations (i.e., unable to write tests, quizzes, midterms, final exams)

Consideration may also be required for: In class participation Group work

Other: _____

Severe/
Serious

Unable to fulfill all or most academic obligations.

Anticipated date student can **communicate with instructors** to develop an academic plan:

Date _____ **OR** N/A (i.e., able to communicate now)

This student will require **academic accommodations** in order to complete quizzes/tests/exams (e.g., additional time during tests/exams, smaller classroom for writing tests/exams, washroom breaks, etc.) No Yes

If yes, the student understands they will be required to connect with Student Wellness Services to discuss a short-term academic accommodation plan (613.533.6000 X 74842). _____ (Student Initials or N/A).

Section C: Health Care Provider's Authorization - Completed by the Health Care Provider

Name: _____ Profession / Position: _____

Signature: _____ Date: _____

Telephone # (if not Student Wellness Services): _____

Address (indicate SWS if Student Wellness Services): _____

Information about the Verification of Personal Health Condition Form

Students are responsible for providing this documentation to their Faculty/School Office and contacting their individual instructors to negotiate academic considerations once documentation is processed. The final decision regarding the academic considerations will be made by the course instructor.

Where can students go for additional information and assistance?

If you require support while speaking with your instructor, you are welcome to contact your Faculty/School Office for assistance. If you would prefer to speak with someone outside of your Faculty/School, you can connect with Student Wellness Services. Please contact intake.wellness@queensu.ca or 613.533.6000 X 74842.

Student Responsibilities

- Disseminate this form – see instructions for individual Faculties/Schools below. Follow the instructions for the Faculty/School that is granting your degree.
 - Arts and Science (including students studying at BISC): Submit form to online portal. (<https://www.queensu.ca/artsci/accommodations>)
 - Engineering & Applied Science: Submit forms at <https://qfeas.it/accom>, for assistance email engineering.aac@queensu.ca
 - Nursing (BNSc): Submit form (email or hard copy) to Barb Bolton (Rm 113)
 - Education (B.Ed): Submit form (email or hard copy) to Alan Wilkinson (Rm A101a)
 - Commerce: Commerce: Submit a *Request for Academic Consideration for Extenuating Circumstances* online on the Commerce Portal, under [Academic Consideration](#). Submit this form (via email) to Commerce.AACC@queensu.ca. No hard copy forms accepted.
 - Law: Submit form (email or hard copy) to Helen Connop (helen.connop@queensu.ca)
 - Medicine: Submit form (email or hard copy) to the Learner Wellness Centre
 - Occupational Therapy: Submit form (email or hard copy) to the Program Assistant, Occupational Therapy (ot.info@queensu.ca)
 - Physical Therapy: Submit form (email or hard copy) to the Program Assistant, Physical Therapy (programassistant.pt@queensu.ca)
 - Bachelor of Health Sciences: Submit form electronically (email only) to the Bachelor of Health Sciences Program Office (bhsc@queensu.ca)
 - Graduate Students: Submit form (email or hard copy) to your instructor(s) or supervisor

Instructor Responsibilities

- Meet with student to negotiate academic considerations (i.e., deferral of tests/exams, extensions on assignments, etc.)
- Assess missed academic obligations and provide reasonable academic considerations, in good faith, while maintaining essential academic requirements and standards
- Assure students who are experiencing an extenuating circumstance that reasonable academic consideration will be implemented, as appropriate, while ensuring essential academic requirements are met