

## Queen's Student Accessibility Services

Queen's University  
Côté Sharp Wellness Centre, Mitchell Hall  
69 Union Street | Kingston, ON | K7L 3N6  
613-533-2506  
<https://www.queensu.ca/studentwellness/accessibility-services/>



### Verification MENTAL HEALTH

## PART A – Student Information

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ Preferred/Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Number: \_\_\_\_\_

Queen's Net ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### DISCLOSURE & CONFIDENTIALITY

- Medical diagnosis is not required to receive accommodations.
- To recommend appropriate accommodations QSAS uses information about functional impacts (i.e., how your medical diagnosis might impact you at university).
- QSAS will hold all medical information confidentially. Information about medical diagnosis will not be shared without your express and written consent.
- All information on this form will be kept strictly confidential, even if consent to share medical diagnosis is not provided.

Do you consent to your medical diagnosis being identified on this form?

YES

NO

Do you consent to having this form shared with Queen's Student Accessibility Services (QSAS)?

YES

NO

Personal information is collected under the authority of the *Queen's University Royal Charter, 1841*, as amended, and will be used to provide disability-related services and accommodations for studies at university. Questions regarding the collection or use of this personal information should be directed to Manager, QSAS, 69 Union Street, Kingston, ON, K7L 3N6, (613) 533-2506, [accessibility.services@queensu.ca](mailto:accessibility.services@queensu.ca)

## PART B – Health Care Information

### VERIFICATION OF IMPACT

If student has consented above to disclose their medical diagnosis, please provide a diagnostic statement below.

### DURATION

- Permanent:** Anticipated to impact student throughout academic career at Queen's.
- Permanent (Episodic):** Anticipated to impact student through academic career with periods of good health.
- Temporary:** Accommodations will be provided until the end of the following academic term\*, unless alternate duration specified below.  
 Alternate duration \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM, YR)
- Provisional:** Monitoring/Assessment under way  
 Anticipated assessment completion date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD, MM, YR)

\*Accommodations provided **Spring/Summer** expire **Dec. 31**; **Fall** expire **Apr. 30**; **Winter** expire **Aug. 31**

### MEDICAL INFORMATION – FUNCTIONAL IMPACTS

Level of Severity	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
Date of Onset			____/____/____		(DD, MM, YR)	
Is student currently at risk for self-harm or harm to others?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
If yes, has a safety plan been established?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Is functioning restricted to certain times of day?	MORN.	<input type="checkbox"/>	AFTER.	<input type="checkbox"/>	EVEN.	<input type="checkbox"/>
Could the student's academic success be impacted by any ongoing treatment (medication or otherwise)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

If yes, what impacts might this treatment have on the student's academic functioning?

## RESTRICTIONS & LIMITATIONS

Symptoms/Restrictions	N/A	Mild to Moderate	Serious to Severe	Comments
<b>PHYSICAL</b>				
Fatigue/Sleeping Difficulties				
Headache				
Nausea				
Sensitivity to Light				
<b>THINKING</b>				
Difficulty Concentrating				
Difficulty Recalling Information				
Difficulty Processing Information				
Difficulty Organizing/Planning				
<b>SOCIO-EMOTIONAL</b>				
Difficulty Interacting with Others				
Depressed or Low Mood				
Anxiety Level				
Difficulty Managing Stress				
Difficulty Managing Distractions				

## ACADEMIC IMPACTS

	N/A	Mild to Moderate	Serious to Severe	Comment
Attending Class				
Taking Notes				
Reading				
Writing Assignments				
Completing Exams				
Delivering Presentations				
Meeting Assignment Deadlines				
Participating in Group Activity				
Other				

## COURSE LOAD

Would you recommend a Reduced Course Load for this student?    YES     NO

Additional Information on course load (if required)

**HEALTH CARE PROFESSIONAL INFORMATION**

<b>Name</b> (please print)	
<b>Signature</b>	
<b>Date</b> (DD, MM, YR)	
<b>Specialty</b>	
<b>Registration/License No.</b>	
<b>Facility Name and Address</b> (Use Official Stamp if Available)	
<b>Phone</b>	
<b>Email</b>	