

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 PHYSICAL/HEARING/VISION

PART A – To be completed by student

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 how your medical diagnosis might impact you at university.
- If you consent to share medical diagnosis, QSAS will maintain strict confidentiality. Information about medical diagnosis will not be shared without your express and written consent.
- All other 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 and communicated to Queen's Student Accessibility Services (QSAS)?

YES

NO

RELEASE OF INFORMATION

I hereby authorize my Health Care Professional (HCP), who is completing and signing this form, to share my functional impacts with Queen's Student Accessibility Services (QSAS).

Student Signature: _____ Date: _____

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

PART B – To be completed by Health Care Provider

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.
- 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)

Is student's condition expected to decline? YES NO

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

MEDICAL INFORMATION – FUNCTIONAL IMPACTS - *Mobility*

Is functioning restricted to certain times of day? Morn. Aft-noon. Even.
Does student require **personal care support**? YES NO
(provide more information below)

- Attending Class

Toileting

Navigation

Eating

Other _____

Does the student require a **safety plan**? YES NO
(provide more information below)

- Evacuation Assistance in Emergency

Response to Seizures

Response to Allergic Reaction

Other _____

Is student currently taking medication? YES NO

If yes, please specify any side effects that may impact the student's academic functioning

AIDS/SUPPORTS - Mobility

- Wheelchair/Scooter
- Walker
- Arm Brace
- Other: _____
- Cane/Crutch/Walking Stick
- Ergonomic Chair/Desk
- Leg Brace
- Other: _____

MEDICAL INFORMATION – FUNCTIONAL IMPACTS - Hearing

Severity with Corrective Technology

- Left Ear Mild Moderate Severe
- Right Ear Mild Moderate Severe

Severity w/out Corrective Technology

- Left Ear Mild Moderate Severe
- Right Ear Mild Moderate Severe

Date of Onset ____/____/____ (DD, MM, YR)

AIDS/SUPPORTS - Hearing

- Hearing Aid(s)
- FM System
- Real-Time Captioning
- Other: _____
- Cochlear Implant(s)
- ASL./English
- Video Captioning
- Other: _____

MEDICAL INFORMATION – FUNCTIONAL IMPACTS - Vision

Indicate severity of loss of the following:

- Visual Field Mild Moderate Severe
- Depth Perception Mild Moderate Severe
- Colour Perception Mild Moderate Severe

Date of onset: ____/____/____ (DD, MM, YR)

Does student require alternatives to print format? YES NO

AIDS/SUPPORTS - Vision

- Screen-Reading Technology
- White Cane
- GPS for Wayfinding
- CCTV
- Text Enlargement (e.g., magnifiers)
- Dark or Other Special Glasses
- Guide Dog
- Other: _____

RESTRICTIONS & LIMITATIONS

Symptoms/Restrictions	Mild to Moderate	Serious to Severe	Comments
Difficulty with...			
...performing tasks of daily living			
...managing pain			
...energy level			
...walking short distances			
...prolonged standing [____ minutes]			
...prolonged sitting [____ minutes]			
...climbing stairs			
...lifting weight [____ lbs]			
...range of motion			
...balance and coordination			
...fine motor dexterity			
...speech			
...concentration/sustained attention			
...ringing in the ears			
...understanding speech with background noise			
...following/responding to conversation			
...hearing in classroom			
...other			

ACADEMIC IMPACTS

	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

Is student's condition sufficiently stable at this time to sustain participation in regular university academic activities?

YES

NO

Would you recommend a Reduced Course Load for this student?

YES

NO

Additional Information on course load (if required)

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HEALTH CARE PROFESSIONAL INFORMATION

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