Verification of Illness Form
(required for any and all academic accommodations due to illness)

Student Name
_____________________________________________________
ID Number
_____________________________________________________
Date and Time seen
_____________________________________________________

On the basis of this assessment, I am providing the following information for the use by the University in assessing what special considerations, if any, should be given to this student in respect of missed academic responsibilities.

Acute or Chronic problem? __________________________
Date of onset (or most recent episode if chronic)? __________________________
Estimate time of recovery? __________________________

The above assessment is based on:
   An examination by myself ☐
   An examination by another medical facility ☐
   A description by the student ☐

At the present time the student is fully recovered (yes or no) _________________

Additional Comments
________________________________________________________________________
________________________________________________________________________

Physician’s Name, Address and Telephone number OR Stamp (preferred)
________________________________________________________________________

Physician’s Signature  __________________________  Date ________________

I hereby authorize the above physician to release information regarding the above information to the University Petition Committee/Faculty.

*Student’s Signature  __________________________  Date ________________

*It is strongly advised that Students seek medical advice and documentation if they cannot meet academic requirements, write exams, etc. due to circumstances that would cause academic performance to be adversely affected. However in the above circumstances, the Student understands and acknowledges upon signing the above document, that:
   • making a false statement will be considered academic misconduct and dealt with accordingly …
• information may be collected regarding course status as part of the petition process
• the request for exception, deferral, etc. is an academic not a medical decision and may be denied
• deferred deadlines may fall in a future academic semester
• failure to meet academic requirements may result in failure to meet progression requirements, pre-requisite requirements for future courses, and/or deadlines for applications
• final examinations for any course cannot be deferred more than twice, students may only receive a maximum of five exam deferrals during the completion of their degree.