



Niagara Region  
 1812 Sir Issac  
 Brock Way  
 St. Catharines, ON  
 L2S 3A1 Canada

### Medical Certificate

To expedite the administration of medical certificates, Brock University requires that this form, Medical Certificate, be used by a student when a medical condition requires special consideration for any academic activity e.g. missed seminar/lab, assignment extension, deferred examination etc. The student and the Health Care Provider must complete this certificate.

The completed certificate must be submitted to the Administrative Assistant for the Department/Graduate Program within seven working days of the End Date (\*\*\*) noted below or within 7 days of the examination date for a deferred examination in order to be considered. The University, at its discretion, may require additional information.

**Completed By Health Care Provider:**

Official stamp or license number:

Physician's name: \_\_\_\_\_  
 Contact phone number: \_\_\_\_\_  
 Student name: \_\_\_\_\_  
 Student number: \_\_\_\_\_  
 Date examined: \_\_\_\_\_

This student has been examined and found to have a medical condition that is sufficiently severe that it has or will affect their ability to perform academically. All applicable dates must be provided. Please provide further details below:

Medical Staff \_\_\_\_\_ Signature \_\_\_\_\_

This student is unable to attend class on: \_\_\_\_\_

This student is unable to complete the following affected work for the following course(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

This student is unable to write a test or examination on: \_\_\_\_\_

This student's academic work will be affected from: \_\_\_\_\_ to \_\_\_\_\_  
 \*\*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Department/Centre Use Only:**

Date original received: \_\_\_\_\_ Received by: \_\_\_\_\_  
 Administrative Assistant/Dept/Centre

Signature (Instructor/Chair/Director/Graduate Program Director): \_\_\_\_\_ Date: \_\_\_\_\_

Date copy given to Instructor/Chair/Director/Graduate Program Director: \_\_\_\_\_

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act 1964 and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) SECTION 39(2) for the administration of the University and its programs and services.

\*\*\* NOTE: Certificates completed at Brock's Student Health Services are paid for by your Student Health Fee \*\*\*