

## Medical Verification Form

### Extended Period (Over 72 hours/ 3 days) Exam Deferral

In cases where a student requests academic consideration due to a medical circumstance that exceeds 72 hours (3 days) and will impact their academic activities (e.g., participation in academic classes, delay in assignments, etc.), or in the case of an exam deferral, this verification form must be signed by the student and the health professional.

**Note:** In cases where a student has a medical circumstance that will impact academic activities within 72 hours (3 days or less), the *Brock University Medical Self-Declaration Form* must be submitted.

This completed certificate is to be signed by the student and the physician or health care professional. The student will submit the form sent directly to the instructor(s) in the course(s) impacted.

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

Brock email: \_\_\_\_\_ Phone number: \_\_\_\_\_

#### Section A: Authorization to Share Information - Completed by Student

I authorize the professional named below to complete this form in support of my request for academic considerations. This form will be submitted to the course instructor or graduate student supervisor.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section B: Verification of Confidential Medical Circumstance – Completed by Health Care Professional

Based on my professional assessment I have determined that this student is experiencing a medical circumstance that requires academic consideration. I have interacted with the student, reviewed documentation, and/or spoken with reliable others, and have confidence that the medical circumstances are verifiable and are having an impact on the student's current ability to meet academic requirements. An assessment of the student's functioning related to the specific circumstance is within the scope of my professional practice. I believe that a confidential verification is in the best interest of the student at this time.

## Assessment of Impairment of Academic Functioning

### Mild/Moderate

Unable to fulfill occasional or some academic obligations. Due to circumstance, **might** require:

Occasional absences from  
in classes, labs, placement

Additional time to complete  
thesis/dissertation obligation

Consideration may also  
be required for:

Additional time to complete  
assignments

Rescheduling of timed  
evaluations (i.e., tests, quizzes,  
exams)

In-class participation  
Group work  
Other

### Severe/Serious

Unable to fulfill all or most academic obligations. Requires time off from academic commitments.

It is expected that the student will be unable to communicate with instructors or develop an academic plan until approximately:

TBD or date: \_\_\_\_\_

Medical and/or compassionate circumstance may result in unpredictable fluctuations in functioning

Unpredictability of circumstance may lead to last-minute requests for academic consideration

Date of onset of impairment: \_\_\_\_\_

Anticipated duration of impairment:

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

### Specific Deliverable

Unable to fulfill requirement for specific deliverable, listed below:

Course	Deliverable requiring consideration	Impact on academic functioning	Anticipated date student to be well enough to complete deliverable
EXAMPLE: PSYC 1F90	Exam Dec. 5th	Unable to complete on scheduled date	1 week or Jan 2019 or TBD

**Section C: Professional's Authorization - Completed by Health Care Professional**

Name: \_\_\_\_\_ Profession/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact # or email: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

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**Information about the Medical Verification Form**

**Students are responsible for providing this documentation to their individual course instructors and/or graduate supervisors to negotiate academic considerations once the documentation is received. The final decision regarding the academic considerations will be made by the course instructor and/or graduate supervisor.**

**Student Responsibilities**

- Send the verification form to the appropriate instructor(s)

**Instructor Responsibilities**

- Meet with student to negotiate academic considerations (i.e., deferral of tests/exams, extensions on assignments, etc.)

**What health care professional can complete this form in order to verify the medical and/or compassionate circumstance?**

A health care provider at the Student Wellness and Accessibility Center, a family physician, or an appropriate student services support professional (i.e., Sexual Violence Prevention and Response Coordinator).