

Students with Disabilities

Dear Physician:

This patient is requesting disability-related accommodations and/or supports through Disability Services at Nipissing University.

In order to receive disability accommodations and/or support, each student must "communicate his or her needs in sufficient details and cooperate in consultations to enable the person responsible for accommodation to respond to the request." (Ontario Human Rights Code Guidelines, 1994, p.17). The OHRC Guidelines (1994) also note that the University, as the body responsible for accommodating, must have sufficient information "to properly assess the impact of the disability on the specific academic task and know how to make the requested accommodation."

Given this, students who have physical, medical, psychiatric and/or sensory related disabilities must provide sufficient, current documentation, to verify the diagnosis, and the functional or cognitive impact of the disability on the student's academic performance. Documentation must be provided by a practitioner who is qualified to make a diagnosis in the specific areas of the student's disability(ies). **All documentation must be dated within the last 12 months unless otherwise stated by Disability Services.**

Please find attached a Medical Report form which we are requesting you to complete on behalf of the student. If you have any questions or concerns regarding the aforementioned information, do not hesitate to contact our office at 705-474-3450, ext 4235. (*FAX 705-495-2850 please*)

Thank you in advance for your time and support.

Sincerely,



Daralynn D'Angelo
Disability Services

 **NIPISSING**
UNIVERSITY
DISABILITY SERVICES - MEDICAL REPORT

This completed report will be accepted by Disability Services as certification that a student has been assessed by a physician and will be used to document the need for disability-related supports.

Student/Patient: _____

Date examined: _____

Medical Assessment/Diagnosis

Medication(s) (If applicable and how the medications impact the student.)

Effect(s) of presenting conditions or medication upon the student's academic performance or daily functioning.
(Evidence to support the functional limitations. This may include but is not limited to: Clinical observation/interviews, Standardized checklists or scales or emotional functioning.)

What recommendations for accommodations do you feel *MAY BE* necessary to best support this individual at a post secondary institution? *(Please note: We can register a student with a disability without putting into place academic accommodations. The student is then responsible to inform our office should they feel their academics are being affected at that time.)*

Expected duration of medical condition or disability noted above is:

- | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Long term: 3-12 months | <input type="checkbox"/> Temporary: Less than 60 days |
| <input type="checkbox"/> Short term: Temporary 60-90 days | <input type="checkbox"/> NONE, symptoms under control with medication |

Physician's Signature & office stamp

Date

Please deliver this report to Nipissing University, Counselling and Disability Services, Student Affairs (Room A201) or FAX 705-495-2850.

Protection of Privacy

The personal information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to provide counselling services and to support disability-related accommodation requests for students with disabilities. The information will be used only by employees of the Counselling and Disability Services Office and will not be disclosed to any third party without your written consent. If you have any questions about the collection, use and disclosure of this information, please contact the Counselling and Disability Services Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450, ext 4493.