

Student Medical Certificate**I. TO BE COMPLETED BY STUDENT:**

STUDENT NUMBER: _____

I, _____, hereby authorize this physician/nurse practitioner to provide the following information to Nipissing University and, if required, to supply additional information relating to my petition for exam deferral.

Signature_____
Date

II. TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER [Note to Physician/Nurse Practitioner: When completing this form, please keep in mind that academic accommodation shall be granted only where the documentation indicates that the onset, duration and severity of the illness are such that the student could not reasonably be expected to complete his/her academic responsibilities. It will not be sufficient to provide documentation indicating simply that the student “was seen for medical reasons” or “was ill.”]

I hereby certify that I provided health care services to _____, a student at Nipissing University, on [date(s)] _____.

1. Is this an acute or chronic problem for this student? _____
2. Date of onset of problem (or acute episode if problem is chronic): _____
3. From the date on onset, the student is unable to complete academic responsibilities for:
 - 24 hours
 - 2 days
 - 3 days
 - 5 days
 - Other _____
4. Student could not reasonably be expected to complete his/her exam on the scheduled date as a consequence of:
 - Mobility impairment
 - Trauma/Injury
 - Nausea/vomiting/diarrhea
 - Fever/Influenza
 - Respiratory Distress
 - Mental health concerns (please specify): _____
 - Other _____

VERIFICATION BY PHYSICIAN / NURSE PRACTITIONER_____
NAME (Please print)_____
REGISTRATION NO. CPSO_____
SIGNATURE_____
DATE_____
ADDRESS (stamp, business card or letterhead acceptable)_____
TELEPHONE #**PLEASE RETAIN COPY FOR THE PATIENT'S CHART.****NOTE: Any cost for this certificate must be paid by the patient.**

Alteration or falsification of information on this form may constitute an academic offence under the University's Academic Policies and Regulations on Academic Dishonesty and may be prosecuted as such.

Completion of this form does not guarantee that special consideration will be granted. Incomplete forms will not be processed. In some appeal situations, the University may require additional information from you or your practitioner to decide whether or not to grant or confirm special consideration for exam deferral.

Protection of Privacy

Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and the Nipissing University Act, 1992 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use and disclosure of this information please contact the Registrar's Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3461 ext. 4521.