

## APPENDIX 1

If a student does not go to University of Ottawa Health Services, this is the official medical certificate accepted by Telfer School of Management – Student Services Centre for requesting any academic accommodations due to medical conditions. This medical is required as supporting documentation for academic accommodations such as deferral or petition requests.

**The following sections are to be completed by the Physician:**

Patient Name: (please print)	Date of Birth:
Physician's Name: (please print)	Physician's Official Stamp with Address and Contact Information:
Date and time of visit:	

<b>Section A:</b> By completing section A (1) or A (2), I am confirming that I have examined this patient while she/he was sick/injured, and based upon my medical opinion, I can confirm that the medical condition of the patient is sufficiently severe to prevent her/him from attending school or completing academic work.	
<b>A (1) One-time:</b> If this is one-time medical condition, complete the information below.  Date of onset of illness: _____  Anticipated date of recovery: _____	<b>A (2) Chronic:</b> If this condition is a chronic or ongoing medical condition complete the information below:  Date of onset of current episode: _____  Anticipated recovery from current episode: _____  I anticipate this patient will be medically fit for academic study as of: _____
<b>Section B:</b> I cannot confirm illness or insufficient degree of incapacity  <input type="checkbox"/> Based upon my medical opinion, I am unable to confirm illness sufficiently severe to prevent the student from completing academic responsibilities.	
<b>Section C:</b> Additional relevant information   	
Signature of Physician:	Date Signed: