

## APPENDIX 1

This is the official medical certificate accepted by the Telfer School of Management Student Services Centre for requesting any academic accommodations due to medical conditions. The completed certificate is required as supporting documentation for academic accommodations.

The following sections are to be completed by the physician.

Patient's 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:	
<p>Section A: 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 confirm that the medical condition of the patient is sufficiently severe to prevent her/him from attending school or completing academic work.</p>	
<p>A (1) One-time:</p> <p>If this is a one-time medical condition, complete the information below:</p> <p>Date of onset of illness:</p> <p>_____</p> <p>Anticipated date of recovery:</p> <p>_____</p>	<p>A (2) Chronic or ongoing:</p> <p>If this condition is a chronic or ongoing medical condition, complete the information below:</p> <p>Date of onset of current episode:</p> <p>_____</p> <p>Anticipated recovery from current episode:</p> <p>_____</p> <p>I anticipate this patient will be medically fit for academic study as of:</p> <p>_____</p>
<p>Section B: Physician either cannot confirm illness or determines insufficient degree of incapacity.</p> <p><input type="checkbox"/> Based upon my medical opinion, I am unable to confirm illness sufficiently severe to prevent the student from completing academic responsibilities.</p>	
<p>Section C: Additional relevant information</p>	
Signature of physician:	Date: