



STUDENT MEDICAL CERTIFICATE GUIDELINES

TO THE STUDENT

When a student formally requests academic consideration for medical grounds, Ryerson University requires that a Medical Certificate or letter from an appropriate regulated health professional be submitted. A certificate must be presented within 3 working days of missed or affected classes, tutorials, practica, labs, assignments, tests or examinations **to receive consideration for that exam to your Program Department, or to the Chang School for students who are not registered in a program** (see http://www.ryerson.ca/senate/forms/academic_consideration_document_submission.pdf), also attached.

The following Medical Certificate form outlines all of the information that is needed. If this form cannot be used, you are responsible for assuring that the information requested is contained in the form or letter supplied by the appropriate regulated health professional. If the document submitted does not contain sufficient information, a new document may be requested. While it is not necessary to give particulars of a diagnosis, the appropriate regulated health professional must attest to the fact that you were unable to do your academic work on the date(s) claimed.

Even if you do not use the Student Medical Certificate, you are still required to either fill out Part I of the Medical Certificate, or reproduce the declaration on a separate sheet, and attach it to the appropriate regulated health professional's statement.

TO ATTENDING APPROPRIATE REGULATED HEALTH PROFESSIONAL

Ryerson University has a policy of asking students who are requesting academic consideration as a result of illness to supply proof of this illness. In order to best assist the student in his or her claim, please include the following in any documentation that you supply on behalf of the student. It is recommended that you use the Ryerson University Medical Certificate (page 2 of this document) so that the information provided is what is required.

Although it is not required that you disclose the exact diagnosis or treatment of the illness, it is essential to know the effect the illness and treatment had, or will have, on the student's ability to do his or her academic work. With the student's permission, you may include the diagnosis or any pamphlets you feel would be of assistance in assessing the circumstances.

You may be contacted by the University to verify the information you provide, but no additional information will be requested without the permission of the student.

The following information is required:

1. General nature and effect of illness and treatment
2. For academic obligations already missed:
 - What is the date that you saw the student?
 - What was the date of onset of the illness or acute period if the illness is chronic?
 - Did this illness reasonably prevent the student from meeting his or her academic obligations? Explain limitations, if any (e.g. effects of medication).
3. For academic obligations which will be or have been missed:
 - Date the student should be able to return to classes.
 - Would s/he reasonably be able to study at home during the period of absence? Explain limitations, if any (e.g. effects of medication).
 - How long might his or her work be affected by this illness? Explain limitations, if any (e.g. mobility, effects of medication).
 - Will s/he require further appointments for treatment? If so, for how long?

Please include your name (printed), phone number and signature.

PLEASE RETURN THE COMPLETED FORM TO THE STUDENT AND RETAIN A COPY FOR THE PATIENT'S FILE.

*** NOTE: Any cost of a certificate or letter must be paid by the patient.**



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[The completed form must be submitted to the student's Program Department.]

PART 1 - TO BE COMPLETED BY STUDENT

STUDENT NAME _____ STUDENT #: _____

I, _____, hereby authorize this physician to provide the following information to Ryerson University relating to my request for academic consideration, pursuant to Section 41 (1)(a) of the Freedom of Information and Protection of Privacy Act (FIPPA). It is understood that this information will be treated in a confidential manner, except to the extent such information is false, fraudulent, already public, required to be disclosed by a court, or as determined by Ryerson University acting reasonably to be used in any claim of academic misconduct against the student, or to defend Ryerson in any claim or potential claim involving the student or the suspicion of fraud.

Signature _____ Date _____

PART 2 - TO BE COMPLETED BY APPROPRIATE REGULATED HEALTH PROFESSIONAL

I hereby certify that I provided health care services to, _____, a student at Ryerson University, on [date(s)], _____. On the basis of that episode of care, I am providing the following information for use by the University in assessing what special consideration, if any, should be given to this student in respect of missed or affected classes, tutorials, practica, labs, assignments, tests or examinations. I understand that I may be contacted by the University to verify this information, but will not be requested to provide further information without the consent of the student. (Normally, it is not necessary to disclose the nature of the illness or the treatment, but it is essential to know the effect the illness and treatment had, or will have, on the student's ability to do his or her academic work. With the student's consent, you may include the diagnosis or any pamphlets you feel would be of assistance to Ryerson in assessing the circumstances.)

Impact of illness and treatment on student's ability to meet academic obligations:

For academic obligations already missed:

- On what date(s) did you see the student? _____
What was the date of onset of the illness or acute period if the illness is chronic? _____
Did this illness reasonably prevent the student from meeting his or her academic obligations? Yes No
Explain limitations, if any (e.g. effects of medication): _____
If you are seeing the student after the date of the missed obligation, what evidence do you have that the student was too ill to meet his/her obligation? _____

For academic obligations which will be or have been missed:

- Date the student should be able to return to classes. _____
Would s/he reasonably be able to study at home during the period of absence? Yes No
Explain limitations, if any (e.g. effects of medication): _____
How long might his or her work be affected by this illness? _____
Explain limitations, if any (e.g. mobility, effects of medication): _____
Will s/he require further appointments for treatment? Yes No If so, for how long? _____

Signature _____ Name _____

Address (stamp or letterhead acceptable) _____ Telephone _____ Fax _____ Date _____

Note: Protection of Privacy: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), the information on this form is collected under the authority of the Ryerson University Act, 1977 and is needed to process your request for academic consideration. All personal information that is collected will be used, stored, and destroyed in accordance with Ryerson's Information Protection and Access Policy (see http://www.ryerson.ca/about/vpadministration/assets/pdf/InformationProtectionAccessPolicy.pdf). If you have questions about the collection, use and disclosure of this information by Ryerson please contact the Secretary of Senate, 350 Victoria St, Suite JOR-1227, Toronto ON M5B 2K3, 416-979-5011, lstewart@ryerson.ca.



ACADEMIC CONSIDERATION DOCUMENT SUBMISSION REQUIRED INFORMATION

You must inform your instructors when you miss work for medical or other reasons. Unless there are extenuating circumstances, this should be before the date of the test or exam, or the due date of the assignment.

- All documentation in support of any academic consideration request, including medical, other unforeseen circumstances, religious, aboriginal and spiritual observance, athletic competitions, etc., must be submitted to your program department, or to the Chang School (front desk) for students who are not registered in a program.
- Documents for medical and other unforeseen circumstances must be submitted within three (3) working days of the missed work.
- Your instructors will be informed that the document has been submitted, and he/she will determine if you are to be given consideration for missed work.

Student Name _____
 Student Number _____
 Ryerson Email Address _____
 Program _____ Year (i.e. 2016, etc.): _____
 Dates missed From: _____ To: _____
 Date this form submitted _____

Complete the following for each missed class covered by the attached medical or other accommodation. Each instructor will be notified that your document has been received.

Course # and Section (e.g. test, lab, etc.)	Instructor	Instructor's email address	Day and Date(s) missed	Work missed

Student's Signature: _____