

## **RYERSON STUDENT HEALTH CERTIFICATE GUIDELINES**

### **INFORMATION FOR STUDENTS**

When a student formally requests academic consideration on health grounds, Ryerson University requires that a Health Certificate or letter from an appropriate regulated health professional be submitted to verify and understand the impact(s) of incapacitation on the student's academic functioning.

#### **Why is this information required?**

In order for an instructor to consider you eligible for academic consideration for health reasons, a Health Certificate or letter must be submitted to support missed or affected classes, tutorials, practica, labs, assignments, tests or examinations. Submissions are made via the On-line Academic Consideration Request System found at: <https://prod.apps.ccs.ryerson.ca/senateapps/acadconsform>.

For additional information on Ryerson University's Academic Consideration Policy, see [Policy 167: Academic Consideration](#).

#### **Completing this form**

This form must be based on a current and thorough assessment from an appropriate regulated health professional qualified to diagnose the condition (e.g. family physician, medical specialist, clinical psychologist, etc.).

If this form cannot be used, you are responsible for assuring that the information requested is contained in a 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 perform your academic work on the date(s) indicated on the form.

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

## **Protection of privacy**

Privacy and confidentiality will be respected, protected, and maintained throughout the academic consideration process.

In accordance with Section 38(2), 39(3), 41(1) (b, c), 42(d) and 43 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 <https://www.ryerson.ca/policies/policy-list/information-protection-access-procedure>). If you have questions about the collection, use and disclosure of this information by Ryerson please contact the Secretary of Senate, or Victoria Madsen ([vmadsen@ryerson.ca](mailto:vmadsen@ryerson.ca)) or Lucia Stewart ([lstewart@ryerson.ca](mailto:lstewart@ryerson.ca)), 350 Victoria St, Suite JOR1227, Toronto ON M5B 2K3, 416-979-555011.



# STUDENT HEALTH CERTIFICATE

[The completed form must be submitted via the On-line Academic Consideration Request System found at <https://prod.apps.ccs.ryerson.ca/senateapps/acadconsform>]

## A. TO BE COMPLETED BY THE STUDENT

STUDENT #: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize this regulated health professional to provide the following information to Ryerson University and, if required, to verify the information relating to my request for academic consideration. I understand that misrepresentation of facts may constitute academic misconduct and will be subject to the processes, penalties and consequences, as outlined in Ryerson's Policy 60: Academic Integrity. I understand that completion of this form does not guarantee that academic consideration will be granted. I understand that the University may require additional information from me or the regulated health professional to decide whether to grant academic consideration.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date (dd/mm/yyyy)

## B. TO BE COMPLETED BY THE APPROPRIATE REGULATED HEALTH PROFESSIONAL

The University's health certificate is required as supporting documentation for academic consideration, such as deferral requests or appeals. 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. Please indicate below the effect of the illness, injury and/or treatment on the student's ability to learn, communicate, concentrate and participate in academic activities, as well as their decision making capacity.

The student has completely recovered at this time.  Yes  No      The condition is chronic/ongoing.  Yes  No

Initial the most relevant category	Degree of Incapacitation on Academic Functioning
<b>Serious</b>	Significantly impaired in decision making capacity and/or ability to fulfill academic obligations (e.g., unable to complete an assignment, unable to write a test/examination, unable to attend classes).
<b>Moderate</b>	May be able to fulfill some academic obligations, but performance and/or decision making capacity is considerably affected e.g. unable to attend some classes, decreased concentration, assignments may be late.
<b>Mild</b>	Unlikely to have a significant effect on ability to fulfill academic obligations or on decision making capacity.

Date of onset of current condition (dd/mm/yyyy): \_\_\_\_\_

Date on which academic functioning is no longer impaired (dd/mm/yyyy): \_\_\_\_\_

Additional relevant information regarding the impact on the student's academic functioning and decision making capacity.

**DO NOT disclose the diagnosis, or nature of the condition and/or treatment.**

I certify that this assessment falls within my legislated scope of practice. Business stamp, with address and telephone

\_\_\_\_\_  
Name of Regulated Health Professional  
(Please print)

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Health Professional

\_\_\_\_\_  
Licensing Body and Registration Number

Note: Protection of Privacy: In accordance with Section 38(2) and 41(1) 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, 416-979-5000 Ext. 555011, [lstewart@ryerson.ca](mailto:lstewart@ryerson.ca).