



UNIVERSITY of TORONTO
SCARBOROUGH

STUDENT MEDICAL CERTIFICATE

Pet. Ref. # _____

PART A: To be completed by the student:

Student No. _____

I, _____ hereby authorize this physician to provide the following information to the University of Toronto and, if required, to supply additional information, relating to my petition for special academic consideration.

Signature: _____

Date: _____

PART B: To be completed by physician:

I hereby certify that I provided health care services to _____, a student at the University of Toronto, on the following 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, labs, assignments, tests or examinations.

1. Nature of health problem:

(if the student has not authorized you to disclose the nature of a problem of a highly personal or sensitive nature but has authorized the disclosure of all pertinent information, please respond to the subsequent questions as fully as possible to enable complete consideration to be given to the student's petition).

2. Is this an acute or chronic problem for this student? _____

3. Date of onset of problem (or acute episode if problem is chronic): _____

4. Nature and timeline of the problem and its treatment:

5. **HOW** did this problem/treatment affect the student's ability to meet, or prevent the student from meeting, academic commitments such as preparing for and/or writing tests and examinations, attending classes, completing assignments.

VERIFICATION BY PHYSICIAN:

Registration No. CPSO: _____

Physician Name: (print) _____

Physician Signature: _____

Address: _____

Telephone: _____

Date: _____

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