Student Medical Certificate Brock University

To expedite the administration of medical certificates, Brock University requires that this certificate, or Student Health Services Medical Certificate, be used by students. When a medical condition requires special consideration for any academic activity (e.g. missed seminars or labs, assignment extensions or examination rescheduling), students and their physicians must complete this certificate.

The completed certificate must be submitted to the Administrative Assistant for the Department/Centre/ Graduate Program within 3 working days of the End Date (**) noted below, in order to be considered.

The final acceptance of this medical certificate is at the discretion of the course instructor, department chair and/or graduate program director. It is the student's responsibility to contact the instructor directly to make arrangements for medical accommodations.

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To be completed by student PRIOR to seeing the physici	ian:
Name:	Student number:
Instructor(s) Name:	Course(s):
Affected Work (assign #, test, etc.) and Due Date(s):	
Instructor(s) Name:	Course(s):
Affected Work (assign #, test, etc.) and Due Date(s):	
Signature:	Date:
Brock University protects your privacy and your personal information under the authority of <i>The Brock University Act, 1964</i> , and in accordant (FIPPA) section 39(2) for the administration of the University collection to the [contact position] of the [your department] awww.brocku.ca/[your] departmental/centre/website]	dance with the Freedom of Information and Protection of Privacy and its programs and services. Direct any questions about this
To be completed by physician	
Physician's Name:(please print or type)	Official Stamp: OR License Number:
Contact phone no.:(area code and number)	
Date(s) examined:	
Period: student's academic work affected: From These dates MUST be entered.	to Start Date
I have examined this student and verify that his/her medica ability to perform academically. (Further details if necessary):	al condition is sufficiently severe that it will affect his/her
Signature:	Date:
Any cost for this certificate m	nust be paid by the patient
For Departmental/Centre use only:	
Date original received: Received by:	Administrative Assistant/Dent/Centre
Signature (instructor, chair/director or graduate program director):	
Date copy given to instructor, chair/director or graduate program dire	