ODETTE SCHOOL OF BUSINESS
University of Windsor

STUDENT MEDICAL CERTIFICATE

PART A: To be completed by THE STUDENT:

Student Number: _____

I, _____, hereby authorize Dr. _____ to provide the following information to the Odette School of Business at the University of Windsor as it applies to my course of study and, if required, to supply additional information, relating to my appeal for special academic consideration.

_____	_____	_____
Signature	Witness	Date

PART B: To be completed by THE PHYSICIAN:

I hereby certify that the above student was seen in Medical & Health Services for assessment and treatment. On the basis of that visit (or those visits), I am providing the following information for evaluation to the Odette School of Business.

1. What is the diagnosis [in broad terms] of the medical problem that would have impacted upon this student's course of study?

_____

2. Is this an acute or chronic problem?

_____

3. Dates during which there were claims to have been affected by this problem (or acute episode if the problem was chronic).

_____

4. Dates seen/treated by physician.

_____

5. In what way was this student affected by this problem to impair their ability to study/prepare for or attend their examinations?

_____

_____

6. If this student is permitted to continue their course of study, is the medical problem likely to recur and affect their studies again? If yes, please explain the severity of the affect on this student's studies.

_____

_____

_____	_____	_____
Physician Name	Signature	Date

Office Stamp