



McMaster University
STUDENT HEALTH CERTIFICATE

MBA STUDENTS ONLY

STUDENT #: _____

I. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this health practitioner to provide the following information to McMaster University relating to my petition for special consideration. I understand that the decision on my petition will be made by the Student Experience Office at the Ron Joyce Centre at the DeGroote School of Business.

STUDENT SIGNATURE

DATE

II. TO BE COMPLETED BY HEALTH PRACTITIONER: (Please check applicable categories and indicate the applicable start and end dates)

Table with 4 columns: Degree of Incapacitation, Start date, End date, and checkboxes for Severe, Serious, Moderate, Slight, Negligible, chronic condition, and fully recovered.

III. HEALTH PRACTITIONER COMMENTS: (Please complete the following)

The degree of incapacitation is based on an examination performed on _____ (date).
Comments:

IV. VERIFICATION BY THE LICENSED/REGISTERED HEALTH PRACTITIONER:

Form with fields for NAME (Please print), ADDRESS (stamp, business card or letterhead acceptable), REGISTRATION NO., TELEPHONE NUMBER, DATE, and SIGNATURE.

PLEASE RETAIN COPY FOR THE PATIENT'S CHART

NOTE: Any cost for completing this certificate must be paid by the patient

The student must submit the original Student Health Certificate to the Student Experience Office at the Ron Joyce Centre at the DeGroote School of Business normally within five (5) business days of the missed work.

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the University including, but not limited to, maintaining records, academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean's Office of the Faculty in which the student is registered.