

## McMaster University STUDENT HEALTH CERTIFICATE

## **MBA STUDENTS ONLY**

STUDENT #:					
I. IO I,	BE COMPLETED	DBY STUDENT:, hereby authorize this health practitioner to provide	the following infor	mation to McMaste	
		o my petition for special consideration. I understand that the decision of Office at the Ron Joyce Centre at the DeGroote School of Business.	on my petition will l	be made by the	
STUDENT SIGNATURE		RE DATE	DATE		
II. To		<b>D BY HEALTH PRACTITIONER:</b> (Please check applicable categories and i	ndicate the applica	ble start and end	
√	Degree of Inca	apacitation	Start date	End date	
	Severe	Completely incapacitated in relation to functioning at any academic level (e.g. completely restricted mobility, unable to attend any classes or write any tests/examinations)			
	Serious	Unable to fulfill academic obligations with significant impact on performance (e.g. unable to attend classes, unable to write a test/examination)			
	Moderate	Able to fulfill some academic obligations but performance will be considerably affected (e.g. able to attend some classes, unable to concentrate for long periods, assignments may be late, may perform poorly on tests/examinations)			
	Slight	Able to fulfill academic obligations, but performance will likely be sub-optimal (e.g. able to attend classes, able to read)			
	Negligible	Unlikely to have any significant effect on ability to fulfill academic obligations			
	This is a chron	c condition			
	Patient has fu	ent has fully recovered from illness at this time			
		TONER COMMENTS: (Please complete the following)			
	e degree of inca mments:	pacitation is based on an examination performed on	(date).		
IV. V	ERIFICATION B	Y THE LICENSED/REGISTERED HEALTH PRACTITIONER:			
	NAME (Ple	ease print) ADDRESS (stamp, business car	ADDRESS (stamp, business card or letterhead acceptable)		
	REGISTRA	TION NO. TELEPHON	TELEPHONE NUMBER		
		DATE SIGNATUR	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.