University College of the North
Student Accessibility Services

Office of the Dean of Students

Accessible Learning for All

CONFIDENTIAL

Medical Documentation Form

UCN Student Accessibility Services (SAS) provides accommodations for all UCN students with permanent or temporary disabilities based on documentation received from their doctor or registered health care professionals.

Below is a list of appropriate professionals that may provide medical documentation:

- **Learning disabilities:** a recent psych-educational assessment by a registered psychologist completed within the last five years.
- **Mental Health Disabilities (including ADHD):** Documentation must be provided by an appropriate specialist. (psychiatrist, psychologist, or a long-term family physician).
- **Visual Impairment:** Documentation must be provided by an optometrist or ophthalmologist and include the amount of residual vision present and whether the disability is stable, progressive, or fluctuating. CNIB cards may also be accepted.
- **Hearing Impairment:** Documentation must be provided by a certified audiologist and should include an audiogram, a statement of the amount of hearing loss, and whether the disability is stable, progressive, or fluctuating.
- **Neurological Disabilities:** Documentation can be provided by a neurologist, neuropsychologist, psychologist, psychiatrist, or physician.
- **Chronic or Temporary Physical Health Disabilities:** Documentation can be provided by a physician or appropriate specialist.

Student Information

Last Name:	First Name:	UCN Student Number:	
Address:	City/Town:	Province:	Postal Code:
Date of Birth:	Phone:	Alt Phone:	
UCN E-mail:	Alt Email:		

Student Accessibility Services UCN

Box 3000 The Pas, MB R9A 1M7
Tel: 204-627-8243

55 UCN Drive Thompson, MB R8N 1L7
Tel: 204-677-6590

E-mail: accessibility@ucn.ca

Student Authorization for Release of Medical Information

I hereby authorize the information on this form to be released to Student Accessibility Services (SAS) at the University College of the North (UCN).

Student Signature:	Date:
Witness Signature:	Witness Printed Name:
Parent Signature (if under 18 years of age):	Telephone Number:

To be completed by the health care practitioner:

Diagnosis

Diagnosis:	Date diagnosed or when symptoms first appeared:
Secondary Diagnosis: (if applicable)	Date diagnosed or when symptoms first appeared:
Type of Disability: ☐Permanent ☐Chronic ☐Temporary ☐Needs to be reassessed periodically	If a **temporary disability**, date of anticipated recovery: (mm/dd/yy) If **needing to be reassessed periodically**, specify frequency: _____

Present for the past 2 years and expected to persist for at least 2 years

If applicable:

What is your DSM-IV multi-axial diagnosis for this student?

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V (GAF score): _____

Student Accessibility Services UCN

Box 3000 The Pas, MB R9A 1M7
Tel: 204-627-8243

55 UCN Drive Thompson, MB R8N 1L7
Tel: 204-677-6590

E-mail: accessibility@ucn.ca

Impact of Disability: Life Activity

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
Concentration					
Memory					
Sleep					
Eating					
Social Interactions					
Self Care					
Managing Internal Distractions					
Managing External Distractions					
Timely Completion of Tasks					
Regular and Timely Attendance					
Making and Keeping Appointments					
Stress Management					
Organization					
Other:					
Other:					

Medications

Is the student currently taking medication for his/her illness/symptoms? ◯ Yes ◯ No

If yes, please describe any side effects that may impact the student's ability to complete academic activities:

_____
_____
_____

If yes, do limitations/symptoms persist even with medications? ◯ Yes ◯ No
Please describe:

_____
_____
_____

Recommended Accommodations: (please consider all aspects of academic life, such as tests and examinations, lectures and classroom environments, etc.)

Academic Activities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
Writing					
Notetaking					
Examinations/Evaluative Situations					
Other					
Other					

Please explain:

_____

_____

Impact of Disability: Recommended Accommodations

Please check all that apply.

- ☐ May miss class from time to time due to disability symptoms.
- ☐ May require extra time to complete assignments
- ☐ May need to defer exams from time to time. (This is negotiated on an as-needed basis and requires a specific medical note for that specific time period.)
- ☐ May require course extensions.
- ☐ Requires a reduced course load (40%) while still maintaining full-time status.
- ☐ Requires a note taker (Volunteer service provided by UCN SASO if available).
- ☐ Requires a professional note taker (A note taker hired specifically to take lecture notes for student if available – funding required.
- ☐ Requires lectures recording.
- ☐ Requires ASL interpreter or computerized note taker – funding required.
- ☐ Requires alternate seating/standing arrangements in the classroom due to decreased mobility.
- ☐ Requires alternate formatting for text material.
- ☐ Other: Please explain.

_____

_____

_____

_____

Student Accessibility Services UCN

Box 3000 The Pas, MB R9A 1M7
Tel: 204-627-8243

55 UCN Drive Thompson, MB R8N 1L7
Tel: 204-677-6590

E-mail: accessibility@ucn.ca

Test/Exam Accommodation Services (Check all that apply)

Required extended time for test/exam: ◯ Yes ◯ No

If yes: ◯25% Extra time ◯50% Extra time ◯75%Extra time ◯100% Extra time

Required space to write exam: ◯ Yes ◯ No

If yes: ◯private space ◯semi-private (1-4 people) ◯group (1-10 people) ◯Use of a Computer

Other Accommodations: e.g. Reduced Course load (Please explain)

_____

_____

Occupation of Certifying Medical Assessor:

☐Physician ☐Psychologist ☐Psychiatrist ☐Neuropsychologist

☐Physiatrist ☐Audiologist ☐Ophthalmologist ☐Optometrist

☐Neurologist Other: (Please Specify) _____

Certifying Medical Assessor Information: (Please complete all boxes)

Last Name:	First Name:	Telephone: Fax:
Address:	City/Town: Prov:	Postal Code:

Medical Practitioner's Signature: _____

Date: _____

Thank you for assisting this student.

Notice Regarding Collection, Use and Disclosure of Personal Information
Your personal information is being collected under the authority of The University College of the North Act. The information you provide will be used by UCN Student Accessibility Services (SAS) to develop and implement accommodations to assist in your academic success. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). If you have any question about the collection of your personal information, contact the Access & Privacy Officer, Meaghan Buchanan, at mbuchanan@ucn.ca, 436-7th Street E, The Pas, MB, R9A 1M7.

This form is available in alternate format upon request.

Student Accessibility Services UCN

Box 3000 The Pas, MB R9A 1M7
Tel: 204-627-8243

55 UCN Drive Thompson, MB R8N 1L7
Tel: 204-677-6590

E-mail: accessibility@ucn.ca