

Verification of Student Illness/Injury

Official documentation from UBC resources (Access & Diversity, Student Health Service, and Counseling Services) or the UBC Village Medical and Dental Clinic are acceptable alternatives to this form.

To be completed by student:

I, _____ (name) authorize my Healthcare Provider to provide the information on this form relating to my request for academic concession to the UBC Sauder School of Business, and to verify the information as required.

Student Number

Signature

Date

Note: Completion of this form does not guarantee that your request for academic concession will be granted. Additional information may be required. Alteration or falsification of information on this form may constitute an act of academic misconduct as described in the [University of British Columbia Academic Calendar](#) and may be disciplined as such.

Your personal information is collected under the authority of section 26c of the [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#). This information will be used to verify effects of illness or injury on your academic capabilities in relation to your request for academic concession. Questions about the collection of this information may be directed to the Undergraduate Office at the UBC Sauder School of Business.

To be completed by Healthcare Provider:

Please indicate below the effect of the illness, injury and/or treatment on the student's ability to learn, communicate, concentrate, and participate in academic activities as well as his/her decision making capacity and motivation.

Initial the most relevant category		Degree of Incapacitation on Academic Functioning	Start Date	Anticipated End Date
	Negligible	Unlikely to have an effect on ability to fulfill academic obligations.		
	Mild	Likely to be able to fulfill academic obligations, but performance affected to a minor degree, with mild impairment and minimal symptoms.		
	Moderate	May be able to fulfill some academic obligations (for example, able to attend some classes, assignments may be late).		
	Serious	Significantly impaired in ability to fulfill academic obligations (for example, unable to complete an assignment, unable to write a test/exam).		
	Severe	Completely unable to function at any academic level (for example, unable to attend classes, or fulfill any academic obligations).		

Additional Comments:

This form is based on examination and applicable documented history at the time of illness or injury, **not after the fact**.

Name

Signature

Date

Business stamp with address and telephone
(if not available, please attach office letterhead)