Lakehead UNIVERSITY

Enrolment Services –
Academic Advising, Records & Registration

Certificate of Illness or Incapacity

THIS FORM IS REQUIRED FOR MISSED EXAMS DUE TO ILLNESS/INCAPACITATION.

Name: _____ Student Number: _____

Missed Academic Obligations: This section to be completed by the student.

Course Code (e.g. PSYC 1111 FA)	Original Final Examination Date (MM/DD/YY) and Time	Instructor Name

Student's Description of Degree and Dates of Illness or Incapacitation

(Please select **all** applicable boxes and indicate the start and end dates.)

X	Degree of Illness or Incapacitation		Start Date MM/DD/YY	End Date MM/DD/YY
	Severe	I am/was 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	I am/was unable to fulfill academic obligations without significant impact on performance (e.g., unable to attend classes, unable to write tests/examinations)		
	Moderate	I am/was able to fulfill some academic obligations but performance considerably affected (e.g., able to attend a few/some classes, unable to concentrate for long periods, assignments may be late)		
	Slight	I am/was able to fulfill most to all academic obligations, but performance was/will likely be sub-optimal (e.g., able to attend classes, able to read, able to write tests/examinations)		

I confirm the above description to be true. Date _MM/DD/YY_ **Student's Signature**_____

This section to be completed by the Regulated Health Care Professional.

(Please select **all** applicable boxes.) **Date Assessed:** _____ MM/DD/YY

	This is a chronic condition.
	The student was seen on the above date and received health care; objective evidence for illness or incapacitation was seen
	The student was seen on the above date and received health care; there is no reasonable way to objectively confirm the illness or incapacitation but it seems appropriate, in my opinion, that we respect their request for accommodation.
	The student was seen on the above date for a certificate of illness/incapacity. The student was not seen while signs/symptoms were present.
	The student was seen on the above date and requested a certificate; but I do not feel confident stating that there was a medical/clinical reason.
Comments:	

Date of Anticipated Return to University: _____ MM/DD/YY **OR** **Unknown** ○

Date Form Completed | Regulated Health Professional (signature) | Regulated Health Professional (Print Name)

Certificates for Final Exams:
Must be presented to Enrolment Services no later than 3 working days after the date of the original exam.
NOTE: Any cost for completing the Certificate must be paid in full by the student.

Clinic/Office/Hospital Name & Address

_____
_____
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