



MEDICAL DOCUMENTATION FORM

The form below is to be submitted by students seeking disability related accommodations to a licensed Health Care Professional in order to register with Lakehead University’s Student Accessibility Services (SAS).

Students are not required to disclose their specific disability diagnosis in order to register with SAS to receive academic accommodation. The Ontario Human Rights Commission recognizes that Disability Services Offices have expertise in dealing with accommodation issues in the academic environment, and as such, play a vital role in assisting with the accommodation process. If students wish to, they may voluntarily disclose their diagnosis to SAS.

Providing diagnoses may be required to establish eligibility for certain federally or provincially funded bursaries and grants and privately funded external scholarships and financial awards. This form can therefore also be used to establish eligibility for such financial assistance, provided the student has consented to the disclosure of their disability diagnosis.

This form, and its articulated purpose, is consistent with the Ontario Human Rights Commission’s Policy on preventing discrimination based on disabilities and the Lakehead University Documentation Guidelines for Students with Disabilities/Medical Conditions.

If you choose to consent to the disclosure of your disability diagnosis, you must check the box below. Your consent will allow the Health Care Professional to complete the specific sections of the form.

I, _____, consent to disclose the specific diagnosis of my disability
Print name do not consent to disclose the specific diagnosis of my disability
(Check one)

_____ Date _____ Signature

Date of Birth (mm/dd/yyyy): _____

Student number: _____

Phone: _____

Lakehead email address: _____

Campus: _____



STUDENT CONSENT

Completion of this section is voluntary; however, if you elect not to provide your consent at this time and in the event that further information is required there may be delays in the provision of your accommodation.

I give consent for SAS to contact myself and/or the Health Care Professional to discuss the information provided in this document if necessary to clarify the information provided regarding functional restrictions and limitations or if there are questions about complex academic accommodation.

Student's Signature: _____ Date: (mm/dd/yyyy): _____

**Note to student: Please note - additional documentation may be requested