

McMaster University STUDENT HEALTH CERTIFICATE

MFIN STUDENTS ONLY

STUDENT #:					
I. TO	BE COMPLETED	D BY STUDENT:			
	ersity relating to	, hereby authorize this health practitioner to providony petition for special consideration. I understand that the decision be DeGroote School of Business.			
STU	DENT SIGNATUR	RE DATE			
		D BY HEALTH PRACTITIONER: (Please check applicable categories and	indicate the applica	ble start and end	
date √	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	nic condition			
	Patient has fu	lly recovered from illness at this time			
III. H	EALTH PRACTIT	TIONER COMMENTS: (Please complete the following)			
Co	mments:	pacitation is based on an examination performed on	(date).		
		Y THE LICENSED/REGISTERED HEALTH PRACTITIONER:			
NAME (Please print)		ease print) ADDRESS (stamp, business c	ADDRESS (stamp, business card or letterhead acceptable)		
	REGISTRA	TION NO. TELEPHO	TELEPHONE NUMBER		
		DATE SIGNATU	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 MFIN Program Office 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.