



McMaster University
STUDENT HEALTH CERTIFICATE

STUDENT #: _____

I. TO BE COMPLETED BY STUDENT:

I, _____, hereby authorize this health practitioner to provide the following information to McMaster University relating to my petition for special consideration. I understand that the decision on my petition will be made by the Student Experience Office at the Ron Joyce Centre at the DeGroote School of Business.

STUDENT SIGNATURE _____

DATE _____

II. TO BE COMPLETED BY HEALTH PRACTITIONER: (Please check applicable categories and indicate the applicable start and end dates)

Table with 4 columns: Degree of Incapacitation, Start date, End date. Rows include Severe, Serious, Moderate, Slight, Negligible, and chronic condition options.

III. HEALTH PRACTITIONER COMMENTS: (Please complete the following)

The degree of incapacitation is based on an examination performed on _____ (date).
Comments:

IV. VERIFICATION BY THE LICENSED/REGISTERED HEALTH PRACTITIONER:

Form with fields for NAME, ADDRESS, REGISTRATION NO., TELEPHONE NUMBER, DATE, and 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 Student Experience Office at the Ron Joyce Centre 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.