

## Verification of disability/medical condition form

The Service d'accessibilité aux études (SAÉ) at Université de Saint-Boniface provides accommodations for students with temporary or permanent disabilities and medical conditions based on documentation received from their doctor or other certified medical professionals. **A student with a learning disability does not complete this form.** A psycho-educational assessment by a registered psychologist must be submitted.

### Student Information

Last Name	First Name	USB Student Number	
Address	City/Town	Province	Postal Code
Telephone (    )	Email	Date of Birth (mm/dd/year)	

Accessibility Services collects certain elements of your personal health information in compliance with the Personal Health Information Act (PHIA). It is collected for the purpose of assisting the SAÉ to provide accommodations to students while attending Université de Saint-Boniface. All information is strictly confidential.

### Student Authorization for Release of Medical Information

I hereby authorize the information on this form to be released to the SAÉ at Université de Saint-Boniface.

Date	Student Signature
Witness Printed Name	Witness Signature

Disclosing your diagnosis is not required, however if you choose to consent to the disclosure of your diagnosis to SAÉ, please check the following box.

I consent to disclose the diagnosis of my disability

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Please return the completed form to SAÉ**

**\*TO BE COMPLETED BY MEDICAL ASSESSOR\***

**Note to medical assessor:** The SAÉ provides accommodation and supports based on the student’s functional limitations due to their disability or medical condition. In order to ensure the student’s needs are met, please provide information about the nature of their disability or medical condition, as well as the functional impact on the student. This information may also be used to advocate for equipment, funding and services for this student.

**Confirmation of disability and/or medical condition**

<b>Nature of disability – by category</b> (Neurological, Physical, Chronic, Acquired brain injury, Vision, Hearing, Mental Health, ADD/ADHD, Autism Spectrum Disorder, and if other – please specify)	
<b>Secondary disability</b> (if applicable)	
<b>Type of disability</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Chronic <sup>1</sup> <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown status (is being assessed)	For a <b>temporary disability</b> , date of anticipated recovery _____ _____

<sup>1</sup>Present for the past 2 years and expected to persist for at least 2 years

**Functional Assessment**

Select **applicable** functional limitations and describe the specific impact(s) on academic functioning. Impact on academic functioning: 0 = unknown, 1= mild, 4 = significant

Academic Tasks	0	1	2	3	4	Impact on academic functioning
e.g. Writing				√		Student unable to write for longer than 30 min. due to flare in symptoms
e.g. Attention/Concentration					√	Student loses focus after 15 min of sustained attention
Reading						
Writing						
Typing						
Note Taking						
Managing a full course load						
Testing situations						
Stress Management						

Attention/Concentration							
Group work, Classroom participation, Presentations							
Social interactions							
Managing distractions							
Timely completion of task							
Attendance							
Memory							
Organizational Skills							
Information Processing							
Physical Abilities							
Other:							

**Medication**

Is the student currently taking medication for his/her illness/symptoms?  No  Yes

If yes, please describe any effects or side effects that may impact the student's ability to complete academic activities: \_\_\_\_\_

\_\_\_\_\_

**Academic Accommodations** (check all that apply)

- May require a reduced course load (40%) while maintaining full-time student status
- May require assistance from a tutor
- May require a volunteer note-taker
- May miss lectures/labs from time to time
- May require extensions on assignments
- May require lectures to be recorded
- May need access to ergonomic equipment or an accessible classroom
- May requires use of computerized note-taker (for students with hearing loss)
- Other (please explain) \_\_\_\_\_

\_\_\_\_\_

**Testing Accommodations** (check all that apply)

Extended exam time:       25 %       50 %       Other \_\_\_\_\_  
Quiet space:               Private room       Semi-private room (max. 7 students)

- No more than one final exam per day (scheduled >2 hrs. in length)
- Reader (software)
- Scribe (to write answers)
- Use of a computer for written components
- May require use of adaptive software (Dragon, reader, etc.) please specify \_\_\_\_\_
- Ergonomic work station (please specify) \_\_\_\_\_

Other adaptive technology or aids (please explain)

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**Health Care Professional:**

- Physician    Audiologist    Optometrist    Ophthalmologist    Psychiatrist    Psychologist
- Neurologist    Neuropsychologist    Other (please specify): \_\_\_\_\_

Last Name	First Name	Telephone	Fax number	
Address		City/Town	Province	Postal Code
Medical Assessor Signature			Date	

**Office Stamp (Business card or copy of letterhead also accepted)**

Personal information is being collected under the authority of the *Université de Saint-Boniface Act*. It will be used for the exchange of information regarding your accommodations while attending Université de Saint-Boniface. It will not be used or disclosed for other purposes, unless permitted by the *Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*. If you have any questions about the collection of your personal information, contact the FIPPA Coordinator's Office (233-0210, extension 398), Service des archives de l'Université de Saint-Boniface, 200 avenue de la Cathédrale, Winnipeg, MB R2H 0H7.