Université de Saint-Boniface
Service d'accessibilité aux études

Verification of Disability/Medical Condition – Nursing Programs

The Service d'accessibilité aux études (SAE) 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 psychoeducational 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 Service 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 SAE 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 SAE at Université de Saint-Boniface.

Date	Student Signature
Witness Printed Name	Witness Signature

Disclosing your diagnosis in cases of mental health disability is not required, however, if you choose to consent to the disclosure of your diagnosis to SAE, please check the following box.

❑ I consent to disclose the diagnosis of my disability

_____ _____

Student signature Date

Please return the completed form to SAE

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Telephone: (204) 237-1818 ext 314 • Fax: (204) 235-4486 • Email: accessibilite@ustboniface.ca

TO BE COMPLETED BY MEDICAL ASSESSOR

Note to medical assessor: The SAE 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.

Nature of Disability

Identify the student's primary disability by selecting the most appropriate from the list provided. If applicable, identify any/all disabilities that co-occur with the primary one.

Nature of Disability	**Primary** (check one)	**Secondary/Tertiary** (check all that apply)
Acquired brain injury		
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		
Autism Spectrum Disorder		
Deaf/Hearing Loss		
Medical/Chronic Illness		
Mental Health		
Mobility/Physical		
Vision		
Other:		

Confirmation of disability

Indicate the appropriate statement for this student in the current academic setting:

❑ **Permanent disability** with ongoing (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life.

❑**Temporary disability** with ongoing chronic or episodic) symptoms that will significantly impact the student with anticipated duration (day/month/year):
From _____/_____/_____/ to _____/_____/_____

❑ **Unknown status**: Indicate reasonable duration for which they should be accommodated and/or supported at this time (day/month/year):
From _____/_____/_____/ to _____/_____/_____

Functional Assessment – Academic Tasks

Select **applicable** functional limitations and describe the specific impact(s) on academic functioning:
0 = No Impact
1 = Mild Impact - Expected to function with minimal support.
2 = Moderate Impact - Requires some degree of academic accommodations.
3 = Serious Impact – Significant academic accommodation may be required.
4 = Severe Impact – Completely unable to function even with accommodations.

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						
Managing a full course load						
Stress Management						
Attention/Concentration						
Group work, Classroom participation, Presentations						
Social interactions						
Managing distractions						
Timely completion of task						
Attendance						
Memory						
Organizational Skills						
Information Processing						
Other:						

Functional Assessment - Physical Tasks

Select **applicable** functional limitations and describe the specific impact(s) on work-integrated learning:
0 = No Impact
1 = Mild Impact - Expected to function with minimal support.
2 = Moderate Impact - Requires some degree of academic accommodations.
3 = Serious Impact – Significant academic accommodation may be required.
4 = Severe Impact – Completely unable to function even with accommodations.

Physical Activity	0	1	2	3	4	Impact on work-integrated learning functioning
Lifting/carrying 10 lbs or less						
Lifting/carrying 20 lbs or less						
Lifting/carrying 35 lbs or less						
Reaching above shoulders						
Bending						
Squatting						
Kneeling						
Left Hand – Fine Motor/manual dexterity						
Right Hand – Fine Motor/manual dexterity						
Stair Climbing						
Walking						
Sitting for sustained periods (maximum time: _____)						
Standing for sustained periods (maximum time: _____)						
Repositioning & transferring patients						
Pushing/pulling (e.g., equipment, carts, stretchers)						
Other:						

Additional physical restrictions, if applicable**:** _____

_____

_____

Medical Needs

Student has a physical health condition such that the University may need to respond in an emergency if symptoms of the condition appear while the student is on campus or during work-integrated learning (e.g. seizure disorder, severe allergic reaction): ❑ Yes ❑ No	If "yes," please provide a description and recommended response:

Medication

Is the student currently taking medication(s) and/or treatments that impact academic/work-integrated learning functioning? ❑ Yes ❑ No ❑ Not applicable

If yes, please describe impact(s): _____

_____

b) Does the medication cause impairment or potential impairment that would place the student and/or others at risk? ❑ Yes * ❑ No

*If yes, please describe:_____

_____

Academic Accommodations (check all that apply) :

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

_____

_____

Testing Accommodations (check all that apply):

Extended exam time: ❑ 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 workstation (please specify) _____

Other adaptive technology or aids (please explain)

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)*. If you have any questions about the collection of your personal information, contact the University of Saint-Boniface Privacy office (204-237-1818, extension 398 or laipvp@ustboniface.ca).