



## Academic Appeal: Medical Form

Please note: Students using the PDF version are responsible for emailing all required supporting documents along with their completed form to [appealsmoderator@georgebrown.ca](mailto:appealsmoderator@georgebrown.ca) within the specified appeal timelines.

Verification of student illness, injury, or disability for academic consideration. Form to be completed by a registered health professional.

### 1. Section to be completed by Student:

I, **(print name)**,

**Student #**

authorize this registered health professional to provide the below confidential information to George Brown College. The College may contact this person to verify the information provided but may not request additional information without my permission.

Student's Signature:

Date:

**NOTE:** *Please retain a copy of this completed form for your records.*

## 2. Section to be completed by Registered Health Professional:

Please indicate below the impact of the present medical episode (illness, injury, disability) and/or treatment on the student's ability to perform academically.

### Impact on Academic Functioning – Please checkmark correct category

- Critical** – Unable to function academically (e.g., unable to attend classes or fulfill any academic obligations)
- Significant** – Significantly impaired in ability to fulfill academic obligations (e.g., unable to complete an assignment, unable to write a test/examination)
- Moderate** – Able to fulfill some academic obligations but performance considerably affected (e.g., decreased concentration, decreased participation in class, assignments may be late)
- Mild** – Able to fulfill academic obligations with performance only marginally affected
- Insignificant** – Negligible effect on ability to fulfill academic obligations

### For the present medical episode, please indicate the following:

Date of Acute Onset:

Date of Anticipated Recovery:

## 3. Verification by Registered Medical Professional

Name (please print):

Licensing Body and Registration #:

Date of Consultation:

Business Stamp, with address and telephone:

This information is collected under the authority of Section 2 of the Ontario Colleges of Applied Arts and Technology Act, 2002 for the purpose of administering an academic appeal and otherwise administering the student-college relationship. If you have questions please contact the Freedom of Information Coordinator, at 416-415-5000 ext.4646. George Brown College acknowledges the University of Toronto's Verification of Student Illness or Injury Form upon which this Medical Form was based.