

Special Consideration:

Dat

Signed: _____

B. TO BE COMPLETED BY W Z K & ^ ^ / K E > , > d , Z W Z K s / Z :

I hereby certify that I provided health care services to the abovenamed student a student at Queen's University, on (date(s)) _____. On the basis of that episode of care, I am providing the following information for use by the University in assessing what special consideration if any, should be given to this student with respect to missed or affected classes, labs, assignments, tests or examinations.

- í X Nature of the health problem: _____
- î X Is this an acute or chronic problem for the student? _____
- ï X Date of onset of problem (or acute episode if problem is chronic): _____
- ð X How did the circumstances directly affect the student's performance such that could not reasonably be expected to complete academic responsibilities as consequence: (Symptoms): _____

5. Unable to complete academic responsibilities for: (Period of time):

VERIFICATION W Z K s / Z

Name: W } •] š] } v W d] š o

Signature:

Address (stamp, business card or letterhead is preferred) _____

Queen's employees working in that office. The information will be archived along with any other contents in the