

*Queen's University*  
**Bachelor of Health Sciences (Honours) Program**  
*Off-Campus Physician's Note*

**Bachelor of Health Sciences (Honours) Program Office**

[bhsc@queensu.ca](mailto:bhsc@queensu.ca)

**613-533-2566**

Botterell Hall, Room 815

18 Stuart Street

Kingston, ON

K7L 3N6

**A. TO BE COMPLETED BY STUDENT:**

I, , hereby authorize this physician to provide the following information to the Faculty of Health Sciences, Queen's University and, if required, to supply additional information, relating to my appeal for special academic accommodation:

Signed:

Date:

**B. TO BE COMPLETED BY PHYSICIAN:**

I hereby certify that I provided health care services to the above named 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.

1. Nature of the health problem:

2. Is this an acute or chronic problem for the student?

3. Date of onset of problem (or acute episode if problem is chronic):

4. How did the circumstances directly affect the student's performance such that he or she could not reasonably be expected to complete academic responsibilities as consequence (Symptoms):

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

6. Is the condition or circumstance improved or being managed so that the student will not have a significant detrimental effect on future academic performance? Please Comment.

**C. VERIFICATION BY PHYSICIAN**

Name:  Registration No. CPSO:

Signature  Telephone:

Address (stamp, business card or letterhead preferred):

Date:

**PLEASE RETAIN A COPY FOR THE PATIENT'S CHART.**

Note: Any cost for this certificate must be paid by the patient.

**The Purpose and Usage of This Form**

The personal information collected on this form is done so under the legal authority of the Royal Charter of 1841, as amended. The collected information will be used to support a student academic appeal to the Associate Director (Studies). This information will be included in the students' file in the Bachelor of Health Sciences Program Office and will be accessible only to Queen's employees working in that office. The information will be archived along with any other contents in the students' file for one year.