



Personal Medical Document Requirements

Proof of medical conditions must contain all of the information listed below. If any information is missing, the proof will not be accepted and your request will be declined.

IMPORTANT: We strongly recommend bringing the attached **medical form (page 2)** to your doctor in order to ensure that all the required information is included.

Professionals qualified to diagnose chronic health condition: Family physician, psychiatrist, psychologist, or other medical professional, with medical expertise and accreditation. Documentation must indicate the impact of the condition on the student in an academic setting.

1. Clinician's name, title, phone number, registration number, address and physician stamp, on professional letterhead (No prescriptions pads).
2. Date(s) of examination or testing inventories used in determining diagnosis.
3. A clear statement of the functional limitations resulting from the impact of disability/medical condition.
4. Description of expected recovery time after treatment or surgery, if applicable.
5. Description of the severity, longevity, and/or expected progression or stability of the illness or disorder, and its impact on the student's functioning and ability to meet the demands of the post-secondary environment.
6. Document **MUST** contain support/recommendation of your deferral/cancellation request.



SAIT Medical Documentation

SECTION 1: STUDENT/PATIENT INFORMATION (Completed by student/patient)

- Request:** **Deferral** – Have not started classes at SAIT
 Leave of Absence – Would like to take a leave of absence and return to classes within 1 year
 Withdrawal from Program – would like to permanently withdraw from my program

Last Name	First Name	Student ID Number
Address	City	Province
Preferred Phone Number	Alternate Number	Postal Code
Email Address		

SECTION 2 DISABILITY/MEDICAL INFORMATION (to be completed by the Medical Assessor)

DISABILITY OR MEDICAL CONDITION	DURATION
Diagnosis:	Anticipated return to studies (Leave of Absence ONLY): _____

SECTION 3: RECOMMENDATIONS OF MEDICAL ASSESSOR (to be completed by the Medical Assessor)

I recommend, that the student I have assessed:

- defer admission to next term
 take a leave of absence until _____ DATE _____
 Withdraw from their program (permanently)

Rationale for recommendation (MUST be completed):

SECTION 4: MEDICAL ASSESSOR AUTHORIZATION

Name of Qualified Medical Assessor	Registration Certificate Number
Telephone Number	Specialty
Name of Medical Office	
Medical Office Address	

Medical Office Stamp

Signature Date