



Physician Statement

Procedure References: [AC.3.1.1](#), [AC.3.3.1](#), [AC.3.3.2](#), [AC.3.8.1](#), [AC.3.8.2](#)

Student to complete sections A & B, then have Physician complete section C.

A) Student Personal Information

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

B) Student Section

GUIDELINES FOR STUDENTS

1. You must present this form to your academic chair/coordinator when you request a deferred exam, deferred term work or any other deferred gradeable component, when your instructor has requested you to provide medical documentation to verify your absence is due to a medical situation.
2. Please complete your section of the form first.
3. Once this form is completed by a physician, it will be placed in a sealed envelope for you to take to the appropriate office(s) within two business days of the medical situation for which you believe special consideration is required. For additional information please refer to [SAIT Procedures AC.3.1.1, AC.3.3.1, AC.3.3.2, AC.3.8.1 and/or AC.3.8.2](#).

Special Consideration Requested			Date of Medical Situation (dd/mm/yyyy)
Deferred final examination	Deferment of term work/gradeable component	Other:	to

Deferred final examinations, etc. are requested in the following courses.

Course Name	Instructor

Student's Statement:

I certify that I was unable on the date(s) given above to perform normally in courses or to take the scheduled final examination(s) in the course(s) listed above.
 I consent to having the health information pertinent to this specific request released by a physician to SAIT for special consideration.

Student Signature	Date
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Please return the sealed envelope given to you by your physician to your academic chair/coordinator within two business days.

FOIP Statement

The personal information recorded on this form is secured and protected under the provisions of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*, as amended. If you have any questions or require further information about the collection or use of this information, please contact SAIT's FOIP Coordinator in Human Resources at 403.284.8166. This document will be kept on file within the applicable school/department.

C) Physician Section

GUIDELINES FOR PHYSICIAN

1. This form is intended to provide the student's school/department at SAIT with sufficient health information to allow it to make a decision regarding the student's request for special consideration due to a medical situation. In the case of long term medical conditions, the student should be advised to consult with SAIT Accessibility Services.
2. Students should complete their section of the form for your review.
3. Complete the appropriate sections of this form and **return it in a sealed envelope to the student.**

I have examined the above named individual and found signs and/or symptoms that may require special consideration.

On the date(s)

through

Date of Examination (dd/mm/yyyy)

Additional Comments

Physician (please check one):

On the basis of the information I have, it is , it is not my opinion that the above named individual was unable on the date(s) indicated to perform normally in a course or to take a final examination for health reasons.

Physician Name

Physician Signature

Physician Office Stamp

Address

Telephone

Date (mm/dd/yyyy)

Physician Statement

Use of the Physician Statement form

The Physician Statement form is to be used in the following cases:

- Student missing final examination
- Student missing term work
- Student requesting a make-up evaluation or to be excused from a gradeable component, excluding final examination

Students who miss final examinations will not be allowed to write a make-up exam.

- Exceptions may be made in extraordinary situations such as documented illness (a Physician Statement signed by a physician is required), and/or bereavement, and/or religious holiday. All other exceptions are to be approved by the academic chair/coordinator. In such cases, the student may be allowed to write a deferred final examination on approval of the academic chair/coordinator. Students should notify their instructor of absence from an examination, for any reason, before the examination date.

Student requesting a make-up evaluation or to be excused from a gradeable component, excluding final examination

- Students who miss a gradeable component, other than a final exam, may be allowed to complete a make-up evaluation at the discretion of the instructor, and with the approval of the academic chair/coordinator, provided such make up evaluations are reasonably consistent with the established evaluation guideline for the course. In order to complete a "make-up" evaluation, the student must present to the academic chair/coordinator a Physician Statement form signed by a physician, a notice of bereavement, notification of a religious holiday, or other documented information explaining his/her absence. In such cases, the make-up evaluation must be completed and marked prior to the final course grade deadline.

Confidentiality of Information

The academic chair/coordinator must keep all medical information in strictest confidence. Academic chair/coordinator is not entitled to:

- contact the student's doctor to solicit additional information or clarification
- release medical information to anyone other than staff who need it for a specific purpose

Storage of the Physician's Statement Form

The original copy of this form will be placed on the student's file in a secure location within their school or department but will be destroyed 60 days after the end of the course.

Office Use Only

Decision

Date (dd/mm/yy)

By