Verification of Student Illness or Injury Form

UNIVERSITY OF TORONTO

Instructions

- All sections of this form must be fully completed. Incomplete forms will not be processed. Keep a copy for your files.
  - **Section A:** To be completed by student.
  - **Section B:** To be completed by a dentist, nurse, nurse practitioner, physician, psychologist, psychotherapist, social worker, ocupational therapist or dietitian, registered and licensed in Ontario or equivalent in another Canadian province/territory.
- If you are a student registered with Accessibility Services (St. George Campus, UTM) or AccessAbility Services (UTSC) for accommodations related to your disability or long-term illness, you may NOT need to submit the VOI form. Contact your Accessibility Advisor or Disability Consultant (UTSC) and discuss whether you need the VOI form.
- Have questions about the VOI form? See the University Registrar's Office website for more information.

Section A: Student Information and Consent

Student Name: _____ **Student Number:** _____

I hereby authorize this practitioner to provide the information on this form relating to my request for academic consideration and to verify the information, as required, to the University of Toronto. I understand that alteration or falsification of information on this form may constitute an academic offence under the Code of Behaviour on Academic Matters and may be prosecuted as such. I understand that completion of this form does not guarantee that academic consideration will be granted. I understand that the university may require additional information from me or the practitioner to decide whether or not to grant or confirm academic consideration.

Student Signature: _____ **Date (YYYY-MM-DD):** _____

Section B: Assessment and Verification by a Licensed Practitioner

1. Date of assessment/examination of the student's illness or injury (YYYY-MM-DD): _____

2. Do you have pre-existing patient-practitioner relationship with the student (e.g., family doctor)? ◯ Yes ◯ No

3. Indicate the effect of the illness or injury on the student's ability to learn, communicate, concentrate, participate in academic activities as well as their decision-making capacity and motivation. Select one rating below and enter the Start Date and End Date:

Select One	Degree of Impairment on Academic Functioning
☐	**Severe:** Completely unable to function at any academic level for a sustained period and unable to fulfill any academic obligations (e.g., unable to attend classes, unable to complete assignments, unable to write tests or exams).
☐	**Serious**: Significantly impaired in ability to fulfill academic obligations. May be able to perform academically in certain areas, but not all areas (e.g., unable to complete an assignment by the prescribed deadline and may require extension, unable to write a test or exam on the designated date).
☐	**Moderate:** May be able to fulfill some academic obligations but performance is affected (e.g., able to attend some classes, decreased concentration, or assignments may be late).
☐	**Mild:** Likely to be able to fulfill academic obligations, but performance is affected to a minor degree, or with mild interference and minimal symptoms.

Start Date (YYYY-MM-DD): _____ **Anticipated End Date (YYYY-MM-DD):** _____

I hereby certify that this assessment falls within my legislated scope of practice. This form is based on examination and applicable documented history at the time of illness or injury, *not after the fact*.

Licensed Practitioner Signature:_____

Name of Licensed Practitioner:_____

Registration Number:_____

Name of Licensing Body:_____

Date (YYYY-MM-DD):_____

Business stamp with address and telephone

Additional comments:

At all times your personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please see the University of Toronto's Privacy webpage for more information or contact the University Freedom of Information and Protection of Privacy Coordinator at Simcoe Hall, 27 King's College Circle, Toronto, Ontario, Canada M5S 1A1.