

Student Name: _____ UVic Student Number: _____

To the Physician: This student is seeking to be excused from a university examination or other evaluation for medical reasons. Please provide the following information, selecting the answers that come closest to describing the situation.

Date: _____ Time: _____ a.m. p.m.

My relationship to the student is:

- The student is under an ongoing program of treatment for an extended illness.
- I am the student's regular physician, but the student has not been undergoing a program of treatment for an extended illness.
- The student is seeing me on a one-time basis.

The student's condition is best described as (check more than one box if appropriate):

- The student is currently hospitalized.
- The student was hospitalized in the recent past in connection with the present illness.
Date of admission: _____
Date of release: _____
- I have diagnosed an incapacitating medical condition, so that there is a compelling basis for this student to be treated differently from others in the class. The student is being treated as follows:
 - Surgery. Anticipated date of surgery: _____
 - Medication. The medication is: Prescription; Non-prescription.
 - Other (physiotherapy, acupuncture, psychiatric counseling, etc.)
 - No treatment appears necessary at this time.
- The student is suffering from a condition that, in its seriousness, lies somewhere between the previous item and the next.
- The student is not feeling well due to a condition similar in seriousness to, say, a cold.
- I have not established the presence of illness in the student.

Does the student have a fever? Yes No Not established

Physician's Signature: _____

Thank you for taking the time to provide this information. **Please staple your prescription letterhead to this form.** Any additional comments are welcome.