

TORONTO METROPOLITAN UNIVERSITY STUDENT HEALTH CERTIFICATE GUIDELINES

INFORMATION FOR STUDENTS

When a student formally requests academic consideration on health grounds, The University requires that a Health Certificate or letter from an appropriate regulated health professional be submitted to verify and understand the impact(s) of incapacitation on the student's academic functioning.

Why is this information required?

In order for an instructor to consider you eligible for academic consideration for health reasons, a Health Certificate or medical letter must be submitted to support missed classes, tutorials, practica, labs, assignments, tests or examinations. Submissions are made via the On-line Academic Consideration Request System found at: <https://prod.apps.ccs.ryerson.ca/senateapps/>

Additional information about Toronto Metropolitan University's Policy 167: Academic Consideration can be found [here](#).

Completing this form

This form must be based on a current and thorough assessment from an appropriate regulated health professional qualified to diagnose a medical health condition (e.g. family physician, medical specialist, clinical psychologist, etc.).

If this form cannot be used, students are responsible for assuring that the information requested is contained in an official letter, signed and dated, by the appropriate regulated health professional. If the document submitted does not contain sufficient information, a new document may be requested.

While it is not necessary to give particulars of a diagnosis, the appropriate regulated health professional **must attest to the fact that you were unable to perform your academic work on the date(s) indicated on the form.**

Even if you do not use the Student Health Certificate, you are required to fill out Part A of the Health Certificate, or reproduce the declaration on a separate sheet, and attach it to the appropriate regulated health professional's statement.

Protection of privacy

Ú!îçæ&~Áæ}áÁ&[]~âá^}cãæ|âc^Á , â||Áà^Á!^•]^&c^âÉÁ]! [c^&c^âÉÁæ}áÁ { æá}cæâ}^âÁc@! [~ * @ [~ cÁc@^Á æ&æá^ { â&Á&[]•âá^!æcâ [}Á]! [&^••É

Q}Áæ&&[!áæ}&^Á , âc@ÁÛ^&câ [}ÁHìÇGDÉÁHJÇHDÉÁ |FÇFDÁÇàÉÁ&DÉÁ |GÇáDÁæ}áÁ |HÁ [~Ác@^ÁØ!^Áâ [{ Á [-Á Q}~ [! { æcâ [}Áæ}áÁÚ! [c^&câ [}Á [-ÁÛ!îçæ&~ÁCE&cÁÇØÛÚCEDEÁc@^Áâ }- [! { æcâ [}Á [}Ác@â•Á- [! { Áâ•Á&[|^&c^áÁ ~}á^!Ác@^Áæ~c@ [!âc^Á [-Ác@^ÁÛ^!• [}ÁVW}âç^!•âc^ÁCE&cÉÁFJÏ Áæ}áÁâ•Á}^^á^áÁc [Á]! [&^••Á^ [~!Á !^~^•cÁ~ [!Áæ&æá^ { â&Á&[]•âá^!æcâ [}É

OE||Á]^!• [}æ|Áâ }~ [! { æcâ [}Ác@æcÁâ•Á&[|^&c^áÁ , â||Áà^Á~ •^áÉÁ•c [!^áÉÁæ}áÁá^•c! [^áÁâ }Áæ&&[!áæ}&^Á , âc@Ác@^ÁVW}âç^!•âc^•ÁQ}~ [! { æcâ [}ÁÚ! [c^&câ [}ÉÁÚ!îçæ&~Áæ}áÁCE&&^•• policyÁ~ [~}áÁ@^!^.

If you have questions about the collection, use and disclosure of this information by Toronto Metropolitan University, please contact the office of the Secretary of Senate, or Suzanne Hicks (suzanne@ryerson.ca), 350 Victoria St, Suite JOR1227, Toronto ON M5B 2K3, 416-979-555011.



STUDENT HEALTH CERTIFICATE

The completed form must be submitted via the On-line Academic Consideration Request System found [here](#)

A. To be completed by the Student

Student #: _____

I, _____, hereby authorize this regulated health professional to provide the following information to Toronto Metropolitan University and, if required, to verify the information relating to my request for academic consideration. I understand that misrepresentation of facts may constitute academic misconduct and will be subject to the processes, penalties and consequences, as outlined in Policy 60: Academic Integrity. 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 regulated health professional to decide whether to grant academic consideration.

Signature of Student

Date (dd/mm/yyyy)

B. To be completed by the appropriate Regulated Health professional

The University's health certificate is required as supporting documentation for academic consideration, such as deferral requests or appeals. You may be contacted by the University to verify the information you provide, but no additional information will be requested without the permission of the student. Please indicate below the effect of the illness, injury and/or treatment on the student's ability to learn, communicate, concentrate and participate in academic activities, as well as their decision making capacity.

The student has completely recovered at this time? Yes No The condition is chronic/ongoing? Yes No

Initial the most relevant category		Degree of Incapacitation on Academic Functioning
	Serious	Significantly impaired in decision making capacity and/or ability to fulfill academic obligations (e.g., unable to complete an assignment, unable to write a test or examination, unable to attend classes).
	Moderate	May be able to fulfill some academic obligations, but performance and/or decision-making capacity is considerably affected e.g. unable to attend some classes, decreased concentration, assignments may be late.
	Mild	Unlikely to have a significant effect on ability to fulfill academic obligations or on decision making capacity.

Date of onset of current condition (dd/mm/yyyy):

Date on which academic functioning is no longer impaired (dd/mm/yyyy):

Additional relevant information regarding the impact on the students academic functioning and decision making capacity. (Please do not disclose the diagnosis or nature of the condition and/or treatment)

I hereby certify that this assessment falls within my legislated scope of practice.

Business Stamp (include address & phone number)

Name of regulated Health Professional (please print)

Date DD/MM/YY

Signature of Health Professional

Licensing body and Registration no.

Note: Protection of Privacy: In accordance with Section 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), the information on this form is collected under the authority of the Ryerson University Act, 1977 and is needed to process your request for academic consideration. All personal information that is collected will be used, stored, and destroyed in accordance with University Information Protection and Access Policy (see <http://www.ryerson.ca/about/vpadministration/assets/pdf/InformationProtectionAccessPolicy.pdf>). If you have questions about the collection, use and disclosure of this information by Toronto Metropolitan University, please contact the office of the secretary of Senate at 350 Victoria St, Suite JOR-1227, Toronto ON M5B 2K3, 416-979-5000 Ext. 555011.