

**Medical Certificate****FUNCTIONAL LIMITATION AND LEARNING NEEDS ASSESSMENT  
SASS – ACADEMIC ACCOMMODATIONS, UNIVERSITY OF OTTAWA**

The student below is requesting to register with SASS – Academic Accommodations, University of Ottawa. SASS – Academic Accommodations is the appointed unit responsible to assess and establish appropriate *academic* accommodations for students who have a disability or a *bona fide* medical condition and who need academic accommodations. Note: Academic accommodations include academic supports and services (e.g., adapted evaluations, such as assignments, midterm exams, final exams, and in-class quizzes).

To register, a student must provide documentation confirming the presence of a disability or *bona fide* medical condition. The documentation must delineate associated functional limitations tied to the student's ability to perform academic activities associated with their postsecondary studies; documentation must clearly describe the impact of the condition on the student's ability to meet academic obligations. A completed Medical Certificate should also provide a clear sense of the disability's or *bona fide* medical condition's impact on the learning environment itself. This information will facilitate SASS – Academic Accommodations' assessment and establishment of the student's academic accommodations. You may be contacted by SASS – Academic Accommodations, but only with the permission of the student.

Your cooperation in completing this certificate in its entirety, including pertinent academic and functional related information, is appreciated. All sections of the form must be completed carefully and objectively to ensure accurate assessment of the student's disability-related functional limitations.

**Note: The student is responsible for costs associated with completing this certificate.**

**STUDENT INFORMATION AND SIGNATURE**

Student's name: \_\_\_\_\_ Student Number: \_\_\_\_\_

I understand that this Medical Certificate will be released to SASS – Academic Accommodations, University of Ottawa.

Student signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

**VERIFICATION BY THE LICENSED HEALTH CARE PRACTITIONER:**

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

**PROFESSIONAL'S SIGNATURE**

Name and title: \_\_\_\_\_

Professional Designation. Please specify: \_\_\_\_\_

(i.e. Family physician, General practitioner, Psychologist, Psychiatrist,  
Other health care professional)

Phone number: \_\_\_\_\_

Licence or registration number: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_

Please Use Official Stamp

**PHYSICIAN DIAGNOSTIC INFORMATION**

Diagnosis: \_\_\_\_\_ If applicable, specify: DSM-V (Axis I and/or II) \_\_\_\_\_

Date of diagnosis? \_\_\_\_ / \_\_\_\_ (yyyy/mm)

 Was the diagnosis first established by you? Yes  No 

 Do you monitor the student on a regular basis? Yes  No 

 Statement of Disability: According to the diagnosis, is the student's disability or *bona fide* medical condition permanent or temporary (check off appropriate statement)?:

\_\_\_\_\_ Permanent: with on-going (chronic or episodic) symptoms.

\_\_\_\_\_ Temporary\*:

 \*If temporary, anticipated duration: FROM (yyyy/mm/dd) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR  
Duration unknown  (one full semester)

Statement of Fluctuating Condition: Check off the appropriate statement

 Is the disability or condition of a fluctuating nature? Yes\*  No 

If Yes\*, elaborate as needed (i.e., condition fluctuates during the winter such as Seasonal Affective Disorder):

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**FUNCTIONAL LIMITATION AND LEARNING NEEDS ASSESSMENT**

PLEASE CHECK OFF THE LEVEL OF LIMITATION IN MAJOR LIFE ACTIVITIES BELOW WHICH ARE AFFECTED BY THE STUDENT'S CURRENT SYMPTOMS, AND MAY AFFECT ACADEMIC LIFE.

Restrictions: The patient is advised not to perform this activity in any capacity

Limitation: The patient is able to perform the activity in a reduced capacity, such as without the usual speed, strength or number of repetitions, or for the usual duration.

**General: Functional Limitation and/or Restrictions**

Please check the symptoms or functional limitations tied to the disability or condition (e.g., inability to sit for long periods of time)

Physical	Limitation	Restriction	Mental	Limitation	Restriction
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Thinking/Reasoning	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	Decision Making	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	Alertness	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	Other( <i>specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<b>Environmental</b>		
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	Light Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to heat/cold	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Twisting/ Turning	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Activity	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to dust/fumes	<input type="checkbox"/>	<input type="checkbox"/>
Sustained postures	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to odors	<input type="checkbox"/>	<input type="checkbox"/>

Gripping	<input type="checkbox"/>	<input type="checkbox"/>	Other( <i>specify in Section B</i> )	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fine dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>		
Balance	<input type="checkbox"/>	<input type="checkbox"/>	Studying in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Operating equipment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Operating at heights	<input type="checkbox"/>	<input type="checkbox"/>
Other( <i>specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>	Other( <i>specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>

<b>Specified: Severity of Limitations or Restrictions and Influence on Academic Performance</b>				
<b>Academic Activity</b>	<b>Severity of Functional Limitation</b>			
	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Unknown</b>
Attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information processing (auditory, verbal or written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rational thought and reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (around campus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited functioning at certain times of day <b>(Please specify): a.m.</b> <input type="checkbox"/> <b>or p.m.</b> <input type="checkbox"/> - from __ to __	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TREATMENT PROTOCOL**

Does the prescribed course of treatment render the student able to study with functional limitations?

Yes\*  No

If \*Yes, please describe (if any) the impact of the treatment protocol on academic performance in class and during work or field placement:

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**ACADEMIC RESTRICTIONS**

Do you consider this student to be able to tolerate the stress or pressure associated with university studies?

Yes  No

For Undergraduate Students:

NOTE: Undergraduate programs require a minimum of 4 courses per semester to be considered full-time and Graduate programs require a minimum of 2 courses per semester to be considered full time.

Do you consider this student able to maintain a typical full-time course load with academic accommodations in place? Yes  No\*  \*If No:

Is a reduced full-time course load necessary (4 courses per session) with academic accommodations?

Yes  No  or

Is a part-time course load necessary (2 or 3 courses)? Yes  No

For Graduate Students:

NOTE: Master's programs are typically 2-year programs and Doctoral programs are 4-5 years.

Do you consider the student able to complete a typical full-time graduate program? Yes  No\*  \*If

No, please estimate to the best of your ability how much additional time might be required for program completion: \_\_\_\_\_

**OTHER ADDITIONAL PERTINENT INFORMATION**

Please provide any additional information regarding the student's functional limitations tied to their disability or *bona fide* medical condition that you may feel is important to establish the student's academic accommodations.

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Thank you for taking the time to complete the medical certificate.

Please return this form to SASS – Academic Accommodations: [adapt@uOttawa.ca](mailto:adapt@uOttawa.ca) | Fax 613.562.5159