

This is the official medical certificate accepted by Carleton University for requesting any academic accommodations due to medical conditions. The medical is required as supporting documentation for academic accommodations such as deferral or petition requests.

Please note: Students submitting an Undergraduate Academic Petition may be required to provide additional information and will be notified when further information is required.

The following sections are to be completed by the Physician:

Patient Name: (please print)	Student Number:	Date of Birth:
Physician's Name: (please print)	Physician's Official Stamp with Address and Contact information:	
Date and time of visit:		

Section A: By completing section A(1) <u>OR</u> A(2), I am confirming that I have examined this patient while they were sick/injured, and based upon my medical opinion, I can confirm that the medical condition of the patient is sufficiently severe to prevent them from attending school or completing academic work.		
A(1) One-time:	A(2) Chronic:	
If this is a one-time medical condition, complete the information below:	If this condition is a chronic or ongoing medical condition, complete the information below:	
Date of onset of illness:	Date of onset of current episode:	
Anticipated date of recovery:	Anticipated recovery from current episode:	
	I anticipate this patient will be medically fit for academic study	
	as of:	
Section B: I cannot confirm illness or insufficient degree of incapacity.		
Based upon my medical opinion, I am unable to confirm illness sufficiently severe to prevent the student from completing academic responsibilities.		
Section C: Additional relevant information		
Signature of Physician:	Date Signed:	

Information on deferral policies and procedures can be found in sections 4.3.1 and 4.4 of <u>the Undergraduate Calendar</u>. Information on Academic Petitions and Appeals can be found in section 3.3 of <u>the Undergraduate Calendar</u>.

Carleton University Undergraduate Calendar: <u>https://calendar.carleton.ca/undergrad</u>

For Office Use Only:

By submitting this form, you acknowledge that you have read the following privacy notice.