

Medical Documentation Form**Section A: To be completed by student****Information for Students**

Student Accessibility Services uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning.

This form must be based on a current and thorough assessment from an appropriate, registered health professional (RHCP) qualified to diagnose the condition (family physician, medical specialist, clinical psychologist, etc.). The provision of supplementary documentation from other service providers (e.g., health or educational) is also welcome. **The completed form must be sent directly by the health care professional to Student Accessibility Services.**

The student is responsible for any cost associated with obtaining documentation.

Do not use this form for a Specific Learning Disorder (SLD) diagnosis. For SLD, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided.

Student Notice Regarding Collection, Use, & Disclosure of Personal Health Information by the College

Your personal health information will be used by the College to verify disability and to understand the impact(s) of the disability on your academic functioning, and for communication. Your personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA). If you have any questions about the collection of your personal health information, contact the College's Privacy Officer at Privacy@RRC.ca.

Student Information

Student name (please print)

Student Number

Full address

Phone number

Email

I ☐ will/ ☐ will not be required to complete work-integrated learning (e.g., practicum clinical, co-op placements) as part of my program.

Consent to Release Information

I, _____ (your name) authorize my registered health care professional to provide information outlined in this form to Red River College Polytechnic Student Accessibility Services.

Student Signature

Date

Section B: To be completed by Health Care Provider

Information for Registered Health Care Providers

Red River College Polytechnic has designated Student Accessibility Services (SAS) to facilitate the implementation of accommodations for students with documented disabilities. To determine these accommodations and supports, SAS must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning.

The student is required to provide the College with documentation that includes:

- a. Name, contact information, student number
- b. Documentation from a registered health care professional which should include:
 - name of the registered health care professional
 - dates of the clinical assessments performed in determining the disability and the need for reasonable accommodations
 - how the student's disability will affect the student in the academic setting (e.g., classroom, lab, work-integrated learning such as practicum and co-op placements, and during tests/exams)
 - an indication of the duration of the student's period of disability
 - recommendations for appropriate accommodations to be made for that student, including any relevant health information that may support those recommendations

This information is required in order to develop an accommodation plan and must be kept up to date.

Disclosure of a mental health diagnosis: Please note that while it may be helpful to us in determining accommodations, a student's specific mental health diagnosis is not required to receive accommodations from SAS, but full details of the limitation(s) resulting from the diagnosis and other impact(s) of the disability on the student's academic functioning must be included.

All relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to accommodations, and government and school bursaries while attending college. Careful completion of all relevant sections also ensures that a student who is currently receiving interim accommodations will have a full and appropriate accommodation plan once disability documentation is obtained. If no disability is present, students will be referred to other supports on campus.

In order to receive accommodations, each student must communicate their needs in sufficient detail and cooperate in consultations to enable SAS, who is responsible for establishing and implementing accommodations, to respond to the request. While the College reserves the right to make all final decisions regarding accommodations, we appreciate your recommendations.

History

How long have you provided medical services to this student? _____

Last date of clinical assessment: _____

Will you continue to provide medical service(s) to the student while they attend college? _____

Confirmation of Disability

Indicate the appropriate statement for this student in the current academic setting:

☐ Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life

☐ Temporary disability with on-going (chronic or episodic) symptoms that will significantly impact the student with anticipated duration (day/month/year):

From ____/____/____ to ____/____/____

☐ Unknown status. Indicate reasonable duration for which they should be accommodated and/or supported at this time (day/month/year):

From ____/____/____ to ____/____/____

Nature of Disability

Identify the student's primary disability by selecting the most appropriate from the list provided. If applicable, identify any/all disabilities that co-occur with the primary one.

Nature of disability	Primary (check one)	Secondary/Tertiary (check all that apply)
Acquired Brain Injury		
Attention Deficit/Hyperactivity Disorder (ADHD)		
Autism Spectrum Disorder		
Deaf/Hearing Loss		
Medical/Chronic Illness		
Mental Health		
Mobility/Physical		
Vision		
Other		

Diagnosis*: _____

* In cases of mental health disability, a student's specific diagnosis is not required to receive accommodations and supports from SAS; however, full details of the impact(s) of the disability on the student's academic functioning must be included. If the student consents to, or requests that you provide a diagnosis statement, this information is kept confidential in accordance with The Personal Health Information Act (PHIA).

Medication

Is the student currently taking medication(s) and/or treatments that impact academic functioning?

☐ Yes ☐ No ☐ Not applicable

a) If yes, describe impact(s): _____

b) Does the medication cause impairment or potential impairment that would place the student and/or others at risk?

☐ Yes* ☐ No

*If yes, Student Accessibility Services will provide you with additional questions to assess potential risks associated with the types of educational activities required of the student.

Impact(s) on Academic Functioning						
<p>Select applicable functional limitation(s), note the severity, and describe the specific impact(s) on academic/work-integrated learning functioning.</p> <p>Mild: The student would be expected to function with minimal support. Moderate: The student requires some degree of academic accommodations, as symptoms are more prominent. Serious: Significant academic accommodations may be required as symptoms and impact interfere with academic functioning. Severe: Completely unable to function at any academic level or meet academic obligations even with accommodations.</p>						
Functional limitation:	No Impact	Mild Impact	Moderate Impact	Serious Impact	Severe Impact	Uncertain
Academic tasks						
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive						
Concentration/Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive functioning (planning, organizing, problem solving, sequencing, time management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term memory (recall/retrieve stored information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term memory (information stored for about 30 seconds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and Engagement						
Attending classes regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a full course load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impact(s) on Academic Functioning						
<p>Select applicable functional limitation(s), note the severity, and describe the specific impact(s) on academic/work-integrated learning functioning.</p> <p>Mild: The student would be expected to function with minimal support. Moderate: The student requires some degree of academic accommodations, as symptoms are more prominent. Serious: Significant academic accommodations may be required as symptoms and impact interfere with academic functioning. Severe: Completely unable to function at any academic level or meet academic obligations even with accommodations.</p>						
Functional limitation:	No Impact	Mild Impact	Moderate Impact	Serious Impact	Severe Impact	Uncertain
Physical activity						
Lifting over 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hand - Fine motor/manual dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hand - Fine motor/manual dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting for sustained period (maximum time: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing for sustained periods (maximum time: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional physical restrictions, if applicable: _____

Medical Needs	
<p>Student has a physical health condition such that the College may need to respond in an emergency if symptoms of the condition appear while the student is on campus or during work-integrated learning. (e.g., seizure disorder, severe allergic reaction)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "yes", please provide description and recommended response:</p>

Sensory Disabilities

If applicable, please list or attach any vision and/or hearing loss scores which impact academics.

a) Visual - acuity loss, left eye, right eye, bilateral

b) Hearing loss - left ear, right ear, bilateral.

Use this space to provide rationale to explain/list the student's functional limitation(s) related to academic performance and/or to provide any further information:

Sample Accommodations List

This is not an exhaustive list of accommodations at Red River College Polytechnic. This list is provided to assist you in understanding some of the more common accommodations that the College can provide.

Classroom

- Alternate seating/standing arrangements in the classroom
- American Sign Language – English interpreter
- Assistive technology to be assessed by the RRC Polytech Assistive Technologist
- Note taking assistance

Exams

- Alternate space for exams (i.e., reduced distraction setting)
- Ergonomic chair for exams
- Extended exam time such as: 25% 50% 75% 100% (maximum)

Accommodation Recommendation(s)

Indicate specific recommendations for academic and/or work-integrated learning accommodations and/or equipment/software. Recommendations must include a rationale as it relates to the impact(s) on the student's academic functioning as listed above.

Does this student require a **reduced course load** (40% or greater) while still maintaining full-time student status?

- ☐ Yes
☐ No

Registered Health Professional

Please print except on signature line.

Name: _____

Professional designation: _____

License/registration#: _____

Signature: _____

Date (dd/mm/yyyy): ____/____/____

Facility name: _____

Facility address: _____

Office stamp: (Business card or copy of letterhead also accepted)

Thank you for completing this form with accuracy and careful consideration. The information will facilitate the supports requested by the student while at Red River College Polytechnic.

The registered health professional must send this form directly to Student Accessibility Services. Students are not to submit this form.

Please send to:

Lori Walkow, MSc

Manager, Student Accessibility Services

Email: accessibility@rrc.ca

Fax: 204-694-4835

Telephone: 204-632-3966

For Student Accessibility Services office use only – date received (day/month/year):

____/____/____

August 2023