Name of Student: ______________________________ Dalhousie Student ID: ________________

Student Success Centre – Access Supports
Faculty of Agriculture, Truro Campus
MEDICAL ASSESSMENT FORM
For Students Requesting Accommodation for Reason of Disability

Dalhousie University’s Student Success Centre (Access Supports) Faculty of Agriculture requires completion of this form by an appropriately qualified medical assessor/practitioner in order to assess eligibility for accommodation, and to determine an accommodation plan. All medical documentation received by Access Supports will be kept confidentially on file.

STUDENT:
• Please complete this form with your medical assessor/practitioner. The student is responsible for any costs associated with this form’s completion. The student must ensure “name” and “Dalhousie Student ID #” are clearly printed at the top of each page.
• The following information must clearly be stated: diagnosis of the disability, a description of the functional limitations as they pertain to the academic learning and living environment, and suggestions for academic and/or non-academic accommodations.

MEDICAL ASSESSOR /PRACTITIONER:
• This medical assessment form will help determine accommodation plans for students with disabilities at Dalhousie University, Truro Campus. Accommodations are meant to reduce or remove barriers for students to participate in and have access to University academic programs, activities, facilities and services.
• This form would not be appropriate for students with a diagnosed Learning Disability, or students who have been diagnosed with ADHD as part of a current psycho-educational assessment.
• Please complete all sections relevant to the student’s disability.
• Please clearly sign and date where indicated on this form.

COMPLETED FORMS MAY BE MAILED, FAXED OR DELIVERED TO:
Student Success Centre - Access Supports • Dairy Building • PO Box 550 • Truro, NS • B2N 5E3 • Canada
Phone: 902-896-2463 • Fax: 902-893-6545 • Email: accessac@dal.ca •
Web: https://www.dal.ca/about-dal/agricultural-campus/student-success-centre/accommodationsdalac.html
PART A: PERSONAL INFORMATION - Student must fill out this section

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Student ID#</th>
</tr>
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<tbody>
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</tbody>
</table>

Address

Home phone

Cell Phone

Date: dd/mm/yyyy

Student Authorization for Release of Medical Information

I hereby authorize the information on this form to be released to Student Success Centre – Access Supports, DAL-AC.

Student Signature ________________________ Date ________________________

Witness Signature ________________________ Date ________________________

Witness Printed Name ________________________ Date ________________________

PART B: MEDICAL DOCUMENTATION: to be completed by appropriate practitioner

1. Diagnosis:
   - [ ] ADHD
   - [ ] Autism Spectrum
   - [ ] Chronic Health Disability
   - [ ] Hearing Loss/Deaf/Hard of Hearing Disability
   - [ ] Mental Health Disability
   - [ ] Physical/Mobility Disability
   - [ ] Vision Loss/Blind/Low Vision Disability
   - [ ] Other Diagnosed Disability __________________________________________

2. Date of Diagnosis: ________________________

3. Last contact with the student (prior to receiving this form): ________________________

4. If student is taking medication(s), is there impact, and/or adverse side effect(s) that relates to access?
   - ________________________________________________________________
   - ________________________________________________________________
   - ________________________________________________________________

Last updated 11-Jul-17
5. If the student is currently undergoing other medical treatment, please describe how the treatment might affect the student academically.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

6. Please describe how this medical condition may result in limitations/barriers in academic or daily living settings at university (i.e. problems sitting for long periods of time, unable to type for more than ten minutes, or unable to walk more than 50 ft/15 m without fatigue, difficulty maintaining attention during a 50-80 minute lecture, number of days this disability may require the student to be absent from class each month, meeting the demands of a full course load of three courses per term or more.)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

7. If required, does the student have access to community supports? If not, what on-campus supports would you recommend for the student? Campus supports could include: access to a fitness facility; access to health services, study skills and learning strategies training, and writing centre.
PART C: RECOMMENDED ACCOMMODATIONS

**Recommended Accommodations:** Please select only the accommodations that are applicable to the student’s diagnosis and functional limitations.

### Exam Accommodations
- **Extended time on exams.** Please specify the rationale/purpose for this accommodation.
  
  ____________________________________________________________

- **Reader**
- **Scribe**
- **Stop-time breaks**
- **Use of computer**
- **Use of disability-specific assistive technology**
- **Write in distraction-reduced environment**
- **Other** ________________________________________________________

### Classroom Accommodations
- **Assistive Technology** _________________________________________
- **Enlarged handouts (size recommendation)** _______________________
- **Frequency Modulation system** _________________________________
- **Note taking support (e.g., peer note taker, recording lectures, assistive technology)**
- **Sign language interpretation** ________________________________
- **Visually presented information verbalized** ______________________

### Other Accommodations (including living in residence)
______________________________________________________________

This is not an exhaustive list. Other supports can be discussed with the student and Access Coordinator.

Signature of medical assessor/practitioner: __________________________ Date: __________________

Print name, title, and location: ________________________________

Telephone: ________________________________________________

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