MEDICAL ASSESSMENT FORM
For Students Requesting Accommodation for Reason of (Dis)ability

Dalhousie University’s Student Accessibility Centre (Halifax) and Student Success Centre (Truro) requires completion of this form by a qualified medical assessor/practitioner in order to determine an appropriate student accessibility plan. All medical documentation received by the Centres are subject to Dalhousie’s Records Management Policy regarding the use, storage and disposition of records.

STUDENT:
• Please complete this form with your medical assessor/practitioner or have your medical assessor/practitioner submit a letter in support of your request. Ensure your ‘name’ and ‘Dalhousie Student ID #’ are clearly printed at the top of each page.
• The following information must be clearly stated: diagnosis of the (dis)ability, a description of the barriers as they pertain to the academic learning and living environment, and suggestions (if any) for accommodation.

MEDICAL ASSESSOR /PRACTITIONER:
• This medical assessment form will help determine accessibility plans for students with (dis)abilities at Dalhousie University. Accessibility plans are meant to reduce or remove barriers for students to participate in, and have access to, University academic programs, activities, facilities and services.
• Students with a diagnosed Learning (Dis)ability must submit a current psycho-educational assessment.
• Please complete all sections relevant to the student’s (dis)ability.
• Please sign and date where indicated on this form.

For students on the Halifax campus, return completed form via email, fax or in-person to:
Student Accessibility Centre
Dalhousie University
PO Box 15000
6225 University Avenue, Killam G28
Halifax, Nova Scotia B3H 4R2
Tel: 902.494.2836
Fax: 902.494.6797
Email: access@dal.ca

For students on the Truro campus, return completed form via email, fax or in-person to:
Student Success Centre
Dalhousie University, Faculty of Agriculture
P.O. Box 550
Dairy Building, 11 Sipu Awti
Truro, NS B2N 5E3
Tel: 902.896.2463
Fax: 902.893.6545
Email: accessac@dal.ca

www.dal.ca/accessibility
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>
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<tbody>
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<thead>
<tr>
<th>Province/Country</th>
<th>Best Contact Number</th>
<th>Date: dd/mm/yyyy</th>
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Student Authorization for Release of Medical Information

_I hereby authorize the information on this form to be released to the Student Accessibility Centre and/or the Student Success Centre._

Student Signature ___________________________ Date ____________________

Witness Signature ___________________________ Date ____________________

Witness Printed Name __________________________

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

1. Diagnosis:
   - [ ] ADHD
   - [ ] Vision Loss/Blind
   - [ ] Hearing Loss/Deaf
   - [ ] Mental Health
   - [ ] Physical/Mobility
   - [ ] Chronic Health
   - [ ] Autism Spectrum
   - [ ] Other ___________________________________________________________________

2. Date of Diagnosis: __________________________

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

www.dal.ca/accessibility
4. Please describe how this health condition may result in limitations/barriers in academic or daily living settings at university (e.g. sitting for long periods of time; ability to walk specific distances without fatigue; maintaining attention during a 50-80 minute lecture; potential absences; meeting the demands of a full course load of three courses/term or more.)

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Please note: Student Advisors can facilitate access for students to on-campus supports which could include Counselling; Physiotherapy; Occupational Therapy; access to a fitness facility; Physician, Social Worker or Nurse Practitioner as some examples.
PART C: RECOMMENDED ACCOMMODATIONS - Optional

Please select only the accommodations that are applicable to the student’s diagnosis and functional limitations. The student's Advisor will assess your recommendations against the academic requirements for a course and/or program, and other contexts, prior to making a decision on a plan.

Exam Accommodations
- □ Extended time on exams. Specify the rationale/purpose for this accommodation: (e.g. cognitive affects, mobility)
- □ Stop Time Breaks (used for stress reduction; medical procedures; nutrition breaks; etc.)
- □ Write in distraction-reduced environment
- □ Reader
- □ Scribe
- □ Use of computer
- □ Use of disability-specific assistive technology
- □ Other _________________________________________

Classroom Accommodations
- □ Note taking support (i.e. peer note taker, recording lectures, assistive technology)
- □ Visually presented information verbalized
- □ Frequency Modulation system
- □ Sign language interpretation
- □ Enlarged handouts (size recommendation) _________________________________________
- □ Assistive Technology _________________________________________

Other Accommodations (including living in residence) _________________________________________
_________________________________________________________________________________

NOTE: this is not an inclusive list. Other supports can be discussed with the student and advisor.

Signature of medical assessor/practitioner: __________________________ Date: _________________

Print name, title, and Location: __________________________________________________________

Telephone: __________________________