DALHOUSIE UNIVERSITY
SCHULICH SCHOOL OF LAW

Medical Statement - Appendix B

To be completed when an applicant believes that a medical condition or disability has affected their academics, LSAT, or employment.

Name of Applicant _____ **Title of Medical Professional** _____

Name of Medical Professional _____ **Email or Phone Number** _____

1. How long has the applicant been a patient of yours? _____

2. What condition(s) or diagnosis(-es) affect the applicant's performance?

_____

3. Is the condition/diagnosis on-going? ..... ◯ **Yes** ◯ **No**

4. Are they currently seeing you for treatment? ..... ◯ **Yes** ◯ **No**

   If No, does the applicant have alternative support(s) in place? ..... ◯ **Yes** ◯ **No**

5. If you have any further comments on the applicant and their diagnosis/condition, please include them here or as an additional letter:

Date _____ **Signature** _____