Sheridan | Get Creative

STUDENT HEALTH CERTIFICATE

(The completed form must be submitted to the Office of the Registrar)

GUIDELINES – INFORMATION FOR STUDENTS

Why is this information needed?
When a student formally requests a fees refund/reversal of charges due to health related grounds, Sheridan requires that a Student Health Certificate or letter from the appropriate regulated health professional be submitted.

Completing this form
The following Student Health Certificate form outlines all of the information that is needed. The information provided on this form must be based on a current and thorough assessment from an appropriate regulated health professional who is qualified to provide the diagnosis. Regulated health professionals include, but are not limited to: family physician, medical specialist, clinical psychologist.

If this form cannot be used, you are responsible for assuring that the information requested is contained in the form or letter supplied by the health professional. If the document submitted does not contain sufficient information, a new document may be requested. While it is not necessary to give particulars of a diagnosis, it is essential to know the effect the illness, injury and/or treatment had, or will have, on your ability to meet the academic requirements of your program. Health assessments that are over 1 year old may not be accepted. The information provided must be in English otherwise you are responsible to have the document professionally translated.

Even if you do not use the Student Health Certificate, you are still required to either fill out Part A of the Health Certificate, or reproduce the declaration on a separate sheet, and attach it to the health professional's statement.

Protection of privacy
In accordance with Section 38(2) and 41(1)(a), the information collected on this form will be used by the Fees Refund Committee to consider student appeals as they relate to the refund/reversal of fees and/or appeals for admission deferrals.

All personal information that is collected will be used, stored, and destroyed in accordance with Sheridan's Records and Information Management Policy.

Sheridan | Get Creative

STUDENT HEALTH CERTIFICATE

(The completed form must be submitted to the Office of the Registrar)

TO BE COMPLETED BY THE STUDENT

First Name: __________________ Last Name: __________________ STUDENT #: _______________

I, ________________________________, hereby authorize this regulated health professional to provide the following information to Sheridan and, if required, to verify the information relating to my request for an academic consideration which may result in a refund of tuition or reversal of charges on my student account. I understand that misrepresentation of facts may constitute academic misconduct and will be subject to the processes, penalties and consequences, outlined in the Sheridan's Academic Integrity Policy. I understand that completion of this form does not guarantee that a refund of fees or reversal of charges will be granted. I understand that Sheridan may require additional information from me or the regulated health professional to decide whether to grant my appeal.

________________________________ ________________________________

Signature of Student Date (dd/mm/yyyy)

TO BE COMPLETED BY THE APPROPRIATE REGULATED HEALTH PROFESSIONAL

Sheridan's Health Certificate is required as supporting documentation for a Refund of Fees or Reversal of Charges Appeal that has been submitted by the above-named student. You may be contacted by Sheridan to verify the information you provide, but no additional information will be requested without the permission of the student. Please indicate below the effect of the illness, injury and/or treatment on the student's ability to learn, communicate, concentrate and participate in academic activities, as well as their decision making capacity.

The student has completely recovered at this time: Yes ☐ No ☐

The condition is chronic/ongoing: Yes ☐ No ☐

Degree of Incapacitation on Academic Functioning **Initial** the most relevant category		
	Serious	Significantly impaired in decision making capacity and/or ability to fulfill academic obligations (e.g., unable to complete an assignment, unable to write a test/examination, unable to attend classes.)
	Moderate	May be able to fulfill some academic obligations, but performance and/or decision making capacity is considerably affected (e.g., unable to attend some classes, decreased concentration, assignments may be late)
	Mild	Unlikely to have a significant effect on ability to fulfill academic obligations or on decision making capacity.

Date of onset of condition (dd/mm/yyyy): ____________________________

☐ I certify that this assessment falls within my legislated scope of practice.

Name of Regulated Health Professional (Please Print)

Licensing Body and Registration Number

Signature

Date (dd/mm/yyyy)

Business Stamp, with address &Telephone