Physician Confirmation of Acute Medical Condition or Illness Affecting the Writing of a Diploma Exam



To Be Completed by the Student/Patient									
Student/Patient's First and Last Name									
Student/Patient's Alberta Student Number (ASN)									
Student/Patient's School Name and School Code									
Parent (Guardian) First and Last Name									
s □	P/G								
	The information provided to the physician to enable the accurate completion of this confirmation form is true and complete.								
		Signature of Student	Date	Signature of Parent or Guardian (if student is under 18 years of age)	Date				
То	Be (Completed by the Physician							
Pa	rt 1: S	symptoms, Diagnosis, Treatment,	Prognosis						
1.	Date	Date and time of the medical appointment							
2.	Major symptoms reported by the patient and reported date of onset of those symptoms								
3.	Major symptoms clinically observed								
4.	Diag	nosis							
5.	Treatment plan (e.g. medications) and prognosis relative to the Diploma Exam administration schedule								
Diploma exam schedules for the 2016–2017 school year can be found in the <i>Schedules & Significant Dates</i> section of the Diploma Examination Program <i>General Information Bulletin</i> . This document is available on the Alberta Education website at: https://education.alberta.ca/diploma-exam-administration/information-bulletin/									

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Stuc	lent Name:		Student ASN	:				
Part 2: Implications of this Acute Medical Condition or Illness for the Writing of a Diploma Exam								
1.	Is this patient confined to home or a medical facility as a re If yes, projected or actual dates of the period of confinement		alt of this acute illness or condition? No 🗆 Yes 🗖					
2.	Describe the extent , severity , and duration of the patient's	be the extent , severity , and duration of the patient's/student's functional limitations (cognitive, physical, psychomotor, oral, /emotional) related to the diagnosed medical condition or illness and/or the treatment plan.						
3.	Use this space to report additional information that may be	relevant.						
Phy	sician's Name (please print)							
Phone Number:			Email:					
Signature:		Physician's Official Stamp:						
Date	e:							
To t	he Attending Physician:							
conc prog perm requ	rta Education requires students who are requesting accommodation lition or illness, to provide medical proof of that condition or illness ram, it is essential that you report the implications of that acute illn hission, you may include a diagnosis or any pamphlets you feel wou ested diploma exam accommodation or exemption. You may be co tional information will be requested without the permission of the st	. Althoug ess or con ld be of as ntacted by	h it is not required that you of dition with respect to the wr ssistance in our assessment of	lisclose the exact diagnosis or treatment iting of a diploma exam. With the student's f the student's eligibility to receive the				
Note	e: Any cost associated with the completion of this form must be bor	me by the	student/patient.					
	s form must be submitted to: erta Education							
Spe 44 (100	cial Cases and Accommodations Capital Blvd. 44 – 108 Street nonton AB T5J 5E6		()	D.ca Fo be connected toll-free within Alberta, dial 310-0000				