

# 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

- I/we authorize the release of personal medical information to support my request for exemption or accommodations. I/we acknowledge that the request for exemption or accommodation **will be denied** if I/we refuse to authorize the release of relevant personal medical information
- I understand that the personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma exam(s). It will be treated in accordance with the privacy protection provision of **Part 2** of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at (780) 492-1425.
- 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

## To Be Completed by the Physician

### Part 1: Symptoms, Diagnosis, Treatment, Prognosis

1. Date and time of the first medical appointment

\_\_\_\_\_

2. Major symptoms reported by the patient and reported date of onset of those symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of the most recent appointment:

\_\_\_\_\_

4. What are the major symptoms clinically currently observed? Have the major symptoms, as reported on the date of onset, changed (improved / worsened) or have they remained stable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Diagnosis

\_\_\_\_\_  
\_\_\_\_\_

6. Treatment plan (e.g., medications) and prognosis relative to the diploma exam administration schedule

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diploma exam schedules for the 2017–2018 school year are located in the *Schedules & Significant Dates* section of the Diploma Examination Program *General Information Bulletin*. This document is available on the Alberta Education website at:

<https://education.alberta.ca/diploma-exam-administration/information-bulletin/>

Student 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 result of this acute illness or condition? No  Yes

If yes, projected or actual dates of the period of confinement: \_\_\_\_\_

2. Describe the **extent, severity** and **duration** of the patient's/student's functional academic limitations (cognitive, physical, psychomotor, behavioral, emotional) related to the diagnosed medical condition or illness and/or the treatment plan

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3. Use this space to report additional information that may be relevant to the review of the request for exemption or diploma exam writing accommodations

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\_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Physician's Official Stamp:

Date: \_\_\_\_\_

**To the Attending Physician:**

Alberta Education requires students who are requesting accommodations or exemptions from writing diploma exams, on the basis of an acute medical condition or illness, to provide medical proof of that condition or illness. Although it is not required that you disclose the exact diagnosis or treatment program, it is essential that you report the implications of that acute illness or condition with respect to the writing of a diploma exam. With the student's permission, you may include a diagnosis or any pamphlets you feel would be of assistance in our assessment of the student's eligibility to receive the requested diploma exam accommodation or exemption. You may be contacted by Alberta Education to verify or explain the information you provide, but no additional information will be requested without the permission of the student.

**Note:** Any cost associated with the completion of this form must be paid by the student/patient.

**This form must be submitted to:**

Alberta Education  
Special Cases and Accommodations  
44 Capital Blvd.  
10044 – 108 Street  
Edmonton AB T5J 5E6

E-mail: [special.cases@gov.ab.ca](mailto:special.cases@gov.ab.ca)  
Phone: (780) 492-1425  
Fax: (780) 492-1153