

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 not be granted** 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 for the purpose of review and granting or not granting exemptions or accommodations. 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) 492-1462.
- 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 2018–2019 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

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

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 a medical condition or illness, to provide medical evidence 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 be granted 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.

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
Phone: (780) 492-1453
Fax: (780) 492-1153