



CONESTOGA
Connect Life and Learning

Health Certificate

Attention Health Care Practitioner: This document is used by Conestoga College Institute of Technology and Applied Learning for the purposes of providing disability-related accommodation in keeping with the *Ontario Human Rights Code*. We are seeking your description of the impact on this individual's abilities (what they can and cannot do). You do not need to recommend accommodations. Please contact us if you require this document in another format.

Please take the time for a thorough assessment before completing this document. If you require more time, a brief letter confirming that an assessment is underway, and the general scope of concerns would be enough for us to provide interim accommodations. Please direct all inquiries to Accessible Learning (contact information at the end).

Patient / Student

Name (Please Print)

Student ID Number

Date of Birth (month, day, year)

Telephone Number

I consent to this information being documented on my behalf. I have participated in good faith and have not completed or modified any sections related to the health professional's clinical assessment of my abilities. I acknowledge that Conestoga College may seek to verify the accuracy of this information.

Patient / Student's Signature

Date

Health Professional with Expertise Relevant to the Disability

Name (Please Print)

Professional Designations

Registration Number

Date

Office Stamp:

Type of Disability

- ☐ Acquired Brain Injury
- ☐ Communication Disorder (e.g. speech, apraxia)
- ☐ Injury or Recovery from Surgery
- ☐ Medical Condition or Chronic Illness
- ☐ Mental Health (new or emerging)
- ☐ Mental Health (long-standing or chronic)
- ☐ Hearing
- ☐ Mobility or Dexterity (on-going)
- ☐ Neurodevelopmental (ADHD or ASD)
- ☐ Vision
- ☐ Other (please specify):

Note: for specific learning disorders, please submit a psychoeducational assessment report.

Clinical Assessment

Important Note: a specific diagnosis is optional for most academic accommodations but may be required to qualify for some financial aid programs provided by the government.

Diagnosis	Date of Onset	Student's consent to disclose diagnosis (signature or initials)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

- How long has this individual been your patient? ☐ 1 or 2 visits ☐ < 1 year ☐ > 1 year
- Is this a long-term condition that will persist for the foreseeable future (i.e. at least 4 or 5 years)? ☐ Yes ☐ No ☐ Unknown
- Time of day when functioning is most affected (including medication effects): ☐ Morning ☐ Afternoon ☐ Evening ☐ N/A
- Symptoms are... ☐ Continuous ☐ Recurring
- When does this information need to be updated? _____

If this disability is episodic or involves significant fluctuations in abilities, please describe frequency, intensity and predictability of changes. What is the difference between a “flare-up” and functioning at other times?

Current symptoms and/or medication that may affect functioning in an educational environment.

	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Cognition					
Attention / concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing / coping with distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing, planning, prioritizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing new information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehending abstract ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusive thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipating impact of behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical					
Attendance / absence from class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy for full week of work (classroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy for full week of work (field work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit for sustained periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand for sustained periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgent or frequent washroom breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory					
Vision (best corrected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing (best corrected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social / Emotional

	No Impact	Mild Impact	Moderate Impact	Severe Impact	Unknown
Interacting with groups of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the center of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading social cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with overwhelming emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfectionism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawing or isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation or becoming stuck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propensity to see things as a threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Additional Details

Certification of Health Practitioner

The individual named above has a medical condition that is disabling, and it is not a short-term, common illness or a routine experience such as stress. I have answered all of the questions in this document based on my clinical assessment within my scope of practice.

Health Professional's Signature

Date

Contact Information

Accessible Learning (Student Success Services)

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