

**Student Accessibility Centre  
MEDICAL ASSESSMENT FORM**

For Students Requesting Accommodation for Reason of  
(Dis)ability

Dalhousie University's Student Accessibility Centre requires completion of this form by a qualified medical assessor/practitioner in order to determine an appropriate student accessibility plan. All medical documentation received by the Student Accessibility Centre is subject to our Records Management Policy including the use, storage and disposition of records.

**STUDENT:**

- **Please complete this form with your medical assessor/practitioner. Ensure your 'name' and 'Dalhousie Student ID #' are clearly printed at the top of each page.**
- The following information must be clearly stated: diagnosis of the (dis)ability, a description of the barriers as they pertain to the academic learning and living environment, and suggestions (if any) for accommodation.

**MEDICAL ASSESSOR /PRACTITIONER:**

- This medical assessment form will help determine accessibility plans for students with (dis)abilities at Dalhousie University. Accessibility plans are meant to reduce or remove barriers for students to participate in, and have access to, University academic programs, activities, facilities and services.
- This form would not be appropriate for students with a diagnosed Learning (Dis)ability, or students who have been diagnosed with ADHD as part of a current psycho-educational assessment.
- Please complete all sections relevant to the student's (dis)ability.
- Please sign and date where indicated on this form.

**Return completed form by mail, email, fax or delivery to:**

Student Accessibility Centre  
Dalhousie University  
PO Box 15000  
6225 University Avenue, Killam G28  
Halifax, Nova Scotia B3H 4R2

Tel: 902.494.2836

Fax: 902.494.6797

Email: [access@dal.ca](mailto:access@dal.ca)

**PART A: PERSONAL INFORMATION - Student must fill out this section**

Last name	First name	Student ID#
Province/Country	Best Contact Number	Date: dd/mm/yyyy

**Student Authorization for Release of Medical Information**

*I hereby authorize the information on this form to be released to the Student Accessibility Centre.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

**PART B: MEDICAL DOCUMENTATION: to be completed by appropriate practitioner**

## 1. Diagnosis:

- ☐ ADHD
- ☐ Vision Loss/Blind
- ☐ Hearing Loss/Deaf
- ☐ Mental Health
- ☐ Physical/Mobility
- ☐ Chronic Health
- ☐ Autism Spectrum
- ☐ Other \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_

3. Last contact with the student (prior to receiving this form): \_\_\_\_\_



4. Please describe how this medical condition may result in limitations/barriers in academic or daily living settings at university (e.g. sitting for long periods of time; ability to walk specific distances without fatigue; maintaining attention during a 50-80 minute lecture; potential absences; meeting the demands of a full course load of three courses/term or more.)

[illegible]

5. If required does the student have access to community supports? If not, what on-campus support services would you recommend to the student that we could potentially facilitate? On-campus supports could include: Counselling; Physiotherapy; Occupational Therapy; Access to a Fitness Facility; Physician or Nurse Practitioner.

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**PART C: RECOMMENDED ACCOMMODATIONS**

Please select **only** the accommodations that are applicable to the student's diagnosis and functional limitations. The Student Accessibility Centre will assess recommendations against the academic requirements for a course and/or program, and other contexts prior to making a

**Exam Accommodations**

- ☐ Extended time on exams. Specify the rationale/purpose for this accommodation: (e.g. cognitive affects, mobility)

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

- ☐ Stop Time Breaks (used for stress reduction; medical procedures; nutrition breaks; etc.)
- ☐ Write in distraction-reduced environment
- ☐ Reader
- ☐ Scribe
- ☐ Use of computer
- ☐ Use of disability-specific assistive technology
- ☐ Other \_\_\_\_\_

**Classroom Accommodations**

- ☐ Note taking support (i.e. peer note taker, recording lectures, assistive technology)
- ☐ Visually presented information verbalized
- ☐ Frequency Modulation system
- ☐ Sign language interpretation
- ☐ Enlarged handouts (size recommendation) \_\_\_\_\_
- ☐ Assistive Technology \_\_\_\_\_

**Other Accommodations** (including living in residence) \_\_\_\_\_

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

**NOTE: this is not an inclusive list. Other supports can be discussed with the student and advisor.**

Signature of medical assessor/practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Print name, title, and Location: \_\_\_\_\_

Telephone: \_\_\_\_\_