

## Medical Documentation Form

### Information for Students

Accessibility Services uses this form to verify that a student has a disability and to understand the impact(s) of the disability on the student's academic functioning.

This form must be based on a current and thorough assessment from an appropriate, registered health professional (RHCP) qualified to diagnose the condition (family physician, medical specialist, clinical psychologist, physiotherapist, occupational therapist, etc.). The provision of supplementary documentation from other service providers (e.g. health or educational) is also welcome. **The completed form must be sent directly by the health care professional to Accessibility Services.**

Disclosing a diagnosis is a choice and is not required to receive accommodations from Accessibility Services. Please indicate below, if you give consent for your RHCP to disclose your diagnosis.

Do not use this form for a Specific Learning Disorder (SLD) diagnosis. For SLD, a valid and recent psycho-educational assessment, completed by a registered psychologist, must be provided.

### Notice Regarding Collection, Use, and Disclosure of Personal Health Information by the College

Your personal health information will be used by the College to verify disability and to understand the impact(s) of the disability on your academic functioning, and for communication. Your personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA). If you have any questions about the collection of your personal health information, contact the College's Privacy Officer at [Privacy@RRC.ca](mailto:Privacy@RRC.ca).

### Student Information (to be completed by student)

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Full address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email

I  will/  will not be required to complete fieldwork such as practicum placements, clinical rotations, co-op placements as part of my program.

Type of fieldwork: \_\_\_\_\_

### Consent to Release Information

I, \_\_\_\_\_ (your name) authorize my registered health care professional to provide information outlined in this form to Red River College Accessibility Services.

Consent to Disclosure of Diagnosis to Accessibility Services

- I consent to my diagnosis being identified on this form and provided to Accessibility Services
- I do not consent to my diagnosis being identified on this form

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

\_\_\_\_\_  
Date

## Information for Registered Health Care Providers

Red River College has designated Accessibility Services to facilitate the implementation of accommodations for students with documented disabilities. To determine these accommodations and supports, Accessibility Services must verify that a student has a disability and understand the impact(s) of the student's disability on their academic functioning.

The student is required to provide the College with documentation that includes:

- a. Name, contact information, student number
- b. Documentation from a registered health care professional which should include:
  - name of the registered health care professional
  - dates of the clinical assessments performed in determining the disability and the need for reasonable accommodations
  - how the student's disability will affect the student in the academic setting (i.e. on campus, in classroom, lab, clinical/fieldwork, and other instructional settings, and during tests and exams)
  - an indication of the duration of the student's period of disability
  - recommendations for appropriate accommodations to be made for that student, including any relevant health information that may support those recommendations

This information is required in order to develop an accommodation plan and must be kept up to date.

Please note that while it may be helpful to us in determining accommodations, a student's specific diagnosis is not required to receive accommodations from Accessibility Services but full details of the limitation(s) resulting from the diagnosis and other impact(s) of the disability on the student's academic functioning must be included. If the student consents to or requests that you provide a diagnosis statement, this information is kept confidential in accordance with PHIA. All relevant sections must be completed carefully and objectively to ensure accurate assessment of the student's disability-related needs, which may include access to accommodations, and government and school bursaries while attending college. Careful completion of all relevant sections also ensures that a student who is currently receiving interim accommodations will have a full and appropriate accommodation plan once disability documentation is obtained. If no disability is present, students will be referred to other supports on campus.

In order to receive accommodations, each student must communicate their needs in sufficient detail and cooperate in consultations to enable Accessibility Services, who is responsible for establishing and implementing accommodations, to respond to the request. While the College reserves the right to make all final decisions regarding accommodations, we appreciate your recommendations.

## History

How long have you provided service to this student? \_\_\_\_\_

Last date of clinical assessment: \_\_\_\_\_

Will you continue to provide service(s) to the student while they attend college? \_\_\_\_\_

## Confirmation of Disability

Indicate the appropriate statement for this student in the current academic setting:

Permanent disability with on-going (chronic or episodic) symptoms that will significantly impact the student over the course of their expected life

Temporary disability with anticipated duration (day/month/year):

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Unknown status. Indicate reasonable duration for which they should be accommodated and/or supported at this time (day/month/year):

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nature of Disability**

Identify the student's primary disability by selecting the most appropriate from the list provided. If applicable, identify any/all disabilities that co-occur with the primary one.

<b>Nature of disability</b>	<b>Primary (check one)</b>	<b>Secondary/Tertiary (check all that apply)</b>
Acquired brain injury		
Deaf/Hearing Loss		
Low vision/Blind		
Medical/Chronic illness		
Mental health		
Mobility/Physical		
Other		

Diagnosis\*: \_\_\_\_\_

\*A student's specific diagnosis may be helpful but is not required to receive accommodations from Accessibility Services. However, full details of the limitations resulting from the diagnosis and the impact(s) of the disability on the student's academic functioning must be included. If the student consents to, or requests that you provide a diagnosis statement, this information is kept confidential in accordance with The Personal Health Information Act (PHIA).

Medication:

Medication(s) and/or treatments that impact academic functioning?

Yes                      No                      Not applicable

a) If yes, describe impact(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Impact(s) on Academic Functioning

Select applicable functional limitation(s), note the severity, and describe the specific impact(s) on academic functioning. Use N/A (not applicable) where warranted.

Functional limitation:	No Impact	Mild Impact	Moderate Impact	Severe Impact	Uncertain
<i>Academic tasks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Listening</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speaking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Typing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cognitive</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concentration/Attention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Executive functioning (planning, organizing, problem solving, sequencing, time management)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Information Processing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Long-term memory (recall/retrieve stored information)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Short-term memory (information stored for about 30 seconds)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Difficulties with</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attending classes regularly</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fatigue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Managing a full course load</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Managing stress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mood</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social interactions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical activity intolerance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gross motor: Lifting over 10 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reaching above shoulders</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bending</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fine motor/manual dexterity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobility: Climbing (stairs)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sitting for sustained period (indicate maximum time: _____)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Standing for sustained periods (indicate maximum time: _____)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sensory Disabilities

If applicable, please list or attach any vision and/or hearing loss scores which impact academics.

a) Visual - acuity loss, left eye, right eye, bilateral

b) Hearing loss - left ear, right ear, bilateral.

Use this space to provide rationale to explain/list the student's functional limitation(s) related to academic performance and/or to provide any further information:

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### Sample Accommodations List

This is not an exhaustive list of accommodations at Red River College. This list is provided to assist you in understanding some of the more common accommodations that the College can provide.

#### Classroom

- Alternate seating/standing arrangements in the classroom
- American Sign Language – English interpreter
- Assistive technology to be assessed by the Assistive Technologist
- May require extra time to complete assignments within the 16 week term
- Note taking assistance

#### Exams

- Alternate space for exams (i.e., reduced distraction setting)
- Ergonomic chair for exams
- Extended exam time such as: 25% 50% 75% 100% (maximum)
- Maximum one final exam per day
- Use of a computer for exams

### Accommodation Recommendation(s)

Indicate specific recommendations for academic and/or placement accommodations and/or equipment/software. Recommendations must include a rationale as it relates to the impact(s) on the student's academic functioning as listed above.

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Does this student require a reduced course load (40%) while still maintaining full-time student status

- Yes  
 No

**Registered Health Professional**

Please print except on signature line.

Name: \_\_\_\_\_

Professional designation: \_\_\_\_\_

License/registration#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Office stamp: (Business card or copy of letterhead also accepted)

Thank you for completing this form with accuracy and careful consideration. The information will facilitate the supports requested by the student while at Red River College.

The registered health professional must send this form directly to Accessibility Services. Students are not to submit this form.

Please send to:

Naomi Kruse

Email: [nkruse30@rrc.ca](mailto:nkruse30@rrc.ca)

Fax: 204-694-4835

Telephone: 204-632-3966

For Accessibility Services office use only – date received (day/month/year):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_