

## Student Accessibility Services (SAS) Medical Questionnaire

Brandon University (BU) will take all measures short of undue hardship to ensure that students with disabilities have access to BU and the opportunity to succeed academically. Accommodations are fundamental to support students with disabilities and shall not compromise academic requirements nor standards of any program. Student Accessibility Services (SAS) facilitates the implementation of accommodations for students with permanent or temporary disabilities or medical conditions. SAS uses this questionnaire to verify the student has a disability and to understand the impact(s) of the disability on the student's academic functioning. For mental health disability, the specific diagnosis is not required but full details of the impact(s) of the disability on the student's academic functioning must be included.

To access accommodations:

- **A student with a medical disability** must have this questionnaire completed by a licensed health care practitioner – authorized by the licensing body to diagnose.
- **A student with a learning disability does not complete this questionnaire** – a psycho-educational assessment completed by a registered psychologist must be submitted.

The information you provide will not become part of the student's educational record but will be kept in the student's file in SAS, where it will be held strictly confidential. This form may be released to the student at their request. This information will be treated confidentially and in compliance with the Personal Health Information Act (PHIA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and pursuant to the Brandon University Act.

All costs associated with completion of this form are the responsibility of the student.

### Student Information

Student Name \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone or Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Student Authorization for Health Care Practitioner to Release Medical Information

I hereby authorize the information on this questionnaire to be released to SAS and/or for SAS to contact the practitioner who completed this questionnaire (if necessary).

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

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

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

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

## Disability/Medical Information

A disability may impact the student's daily living, academic activities, and/or student's ability to participate fully at Brandon University. Limitations may be the result of physical disability, neurological impairment, mental health disorder, chronic illness, addiction, or temporary medical condition (for example, a broken limb or resulting from surgery).

Indicate the appropriate statement for this student:

**Permanent disability** - a functional limitation caused by a physical or mental impairment which restricts a person's ability to perform the daily activities necessary to participate fully in post-secondary studies or in the labour force and is expected to remain with the person for the person's expected life.

**continuous**

**episodic**

**Temporary disability**

**Term ending December 31**

**Term ending April 30**

**Term ending August 31**

Identify the primary disability by selecting the most appropriate from the list below. If applicable, check any/all disabilities that co-occur.

Nature of Disability	Primary (Check one)	Secondary/Tertiary (Check all that apply)
Acquired Brain Injury		
Deaf/ Hearing loss		
Low vision/ Blind		
Medical / Chronic illness		
Mental Health		
Mobility /Physical		
Other		

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

\* In cases of mental health disability, a student's specific diagnosis is not required to receive accommodations and supports from SAS; however, full details of 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 in confidence accordance with the Personal Health Information Act (PHIA).

## Impacts of Disability on Functions Necessary to Participate in Post-Secondary Studies

Select applicable impacts on functional abilities, noting the severity on the ability to participate.

Life and Academic Activities	No impact	Mild impact	Moderate impact	Severe impact	Unknown
Concentration/Attention					
Memory					
Sleep					
Eating					
Social Interactions					
Self-care					
Managing internal distractions					
Managing external distractions					

	No impact	Mild impact	Moderate impact	Severe impact	Unknown
Timely completion of tasks					
Regular and timely attendance					
Making and keeping appointments					
Stress management					
Organization					
Writing					
Note taking					
Examinations/evaluative situations					
Information processing (written/verbal)					
Retaining of information					
Group participation					
Oral presentations					
Other:					

## Academic Accommodations

**Health Care Practitioner initials** all recommended accommodations that will ensure the student's access to BU academic program and the opportunity for academic success.

- \_\_\_\_\_ **May miss class occasionally** – due to the impact of the disability/medical condition or variation in the impact of the disability on the student's health
- \_\_\_\_\_ **May require extensions for assignments** – may not be able to complete assignments on time due to being too ill to complete assignments; lower cognitive processing; reduced ability to manage time/planning
- \_\_\_\_\_ **Note taking supports** – may be provided for lectures the student is unable to attend due to the disability, or to reduce anxiety caused by worrying about whether something important has been missed during class, or due to inability to manage external distractions
- \_\_\_\_\_ **May need to record lectures** – some medications/disabilities interfere with the student's ability to focus on both the lecture and take notes simultaneously
- \_\_\_\_\_ **May need to defer tests/exams periodically** – due to the disability

## Test/Exam Accommodations

- \_\_\_\_\_ **Extended time** – may be provided due to distractibility or the slowing of cognitive processing due to either the disability or medication
- \_\_\_\_\_ **Quiet space** – to reduce distractions and lower anxiety levels
- \_\_\_\_\_ **No more than one test/exam per 24-hour period** – to ensure sufficient rest, lower anxiety levels and provide recuperation time
- \_\_\_\_\_ **Use of computer** – allows a student to be more focused and organized or ability to write is affected
- \_\_\_\_\_ **Reader or Use of Text-To-Speech Software** – counter acts low reading skills, vision problems and/or attention issues
- \_\_\_\_\_ **Scribe** – used when student is unable to write or use computer

Do you consider this student to be in stable condition and capable of sustaining normal academic stress with appropriate supports?  Yes  No

If No, please explain \_\_\_\_\_

**Other Accommodations Recommended** (please list below)

**Verification by Licensed Health Care Practitioner** – authorized by licensing body to diagnose

Name \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Physician                   | <input type="checkbox"/> Psychologist                  | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Audiologist     |
| <input type="checkbox"/> Nurse Practitioner          | <input type="checkbox"/> Neurologist                   | <input type="checkbox"/> Optometrist  | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other (please specify): _____ |                                       |  |

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

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

Office Stamp (business card or copy of letterhead also accepted)

Thank you for completing this form with accuracy and careful consideration. Students are not to submit this form. **The registered health professional should send this form directly to Student Accessibility Services.**

Mail: **Brandon University  
Student Accessibility Services  
270-18<sup>th</sup> Street  
Brandon, MB  
R7A 6A9**

Confidential Fax: (204) 727-7461 (Attn: Student Accessibility Services)  
Email: [studentaccessibility@BrandonU.ca](mailto:studentaccessibility@BrandonU.ca) Phone (204) 727-9759