

Verification of Student Illness or Injury Form

Instructions

- All sections of this form must be fully completed. Incomplete forms will not be processed.
 - **Section A:** To be completed by student.
 - **Section B:** To be completed only by a dentist, nurse, nurse practitioner, pharmacist at Discovery Pharmacy, physician, psychologist, psychotherapist, or social worker registered and licensed in Ontario, or their equivalent in another Canadian province or territory.
- Keep a copy for your files.
- Have questions about the VOI form? See the [University Registrar's Office website](#) for more information.

Section A: Student Information and Consent

Student Name: _____ Student Number: _____

I hereby authorize this practitioner to provide the information on this form relating to my request for academic consideration and to verify the information, as required, to the University of Toronto. I understand that alteration or falsification of information on this form may constitute an academic offence under the [Code of Behaviour on Academic Matters](#) and may be prosecuted as such. I understand that completion of this form does not guarantee that academic consideration will be granted. I understand that the university may require additional information from me or the practitioner to decide whether or not to grant or confirm academic consideration.

Student Signature: _____ Date (mm/dd/yyyy): _____

Section B: Assessment and Verification by a Licensed Practitioner

1. Date of assessment/examination of the student's illness or injury (mm/dd/yyyy): _____
2. Do you have pre-existing patient-practitioner relationship with the student? (select one) Yes No
3. Indicate the effect of the illness or injury on the student's ability to learn, communicate, concentrate, participate in academic activities as well as their decision-making capacity and motivation. Select one rating below.

Licensed Practitioner (select one)	Rating of Incapacitation on Academic Functioning	Start Date (mm/dd/yyyy)	Anticipated End Date (mm/dd/yyyy)
	Severe: Significantly impaired and unable to fulfill any academic obligations (e.g., unable to complete an assignment, unable to write a test/exam, or unable to attend classes).		
	Moderate: May be able to fulfill some academic obligations but performance is considerably affected (e.g., able to attend some classes, decreased concentration, or assignments may be late).		
	Mild: Likely to be able to fulfill academic obligations, but performance is affected to a minor degree, or with mild impairment and minimal symptoms.		

4. Will this student need to self-isolate? (select one) Yes No

I hereby certify that this assessment falls within my legislated scope of practice. This form is based on examination and applicable documented history at the time of illness or injury, not after the fact.

Licensed Practitioner Signature: _____ Date (mm/dd/yyyy): _____

Name of Licensed Practitioner: _____

Registration Number: _____

Name of Licensing Body: _____

Business stamp with address and telephone