

THIS SECTION MUST BE LEGIBLE AND COMPLETED BY THE STUDENT.

Date _____ Student ID _____

Family Name _____ First Name _____

Email _____ Tel No. _____

THIS SECTION MUST BE LEGIBLE AND COMPLETED BY A LICENCED MEDICAL PRACTITIONER. ANY INFORMATION ADDED, OR CHANGED, BY THE STUDENT WILL RENDER THIS CERTIFICATE INVALID.

Note for the Medical Practitioner: If you recommend that the student withdraw from a course or courses before you first saw the student for the medical condition, your rationale must be clearly explained.

I examined this student for a medical condition on: _____
Date

The student is not able to engage in normal activities because of the following illness or injury: _____

I have arranged the following follow-up plan and visits for this student: _____

I have advised this student to reduce his or her course load Yes No

The student is not able to attend classes or labs or to write exams or papers from _____ until _____
Date Date

Is this a chronic condition Yes No.

If "Yes," I have discussed managing this condition with the student Yes No.

Date _____

Tel. No. _____

M.D.'s Name _____
Please print name legibly

Licence/Registraton No. _____

Signature _____

- Health Services - SGW campus**
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Montréal, Québec, Canada H3G 1M8
Tel: 514-848-2424 ext. 3565
Fax: (514) 848-2834
<http://concordia.ca/health>

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M.D. / Hospital / Clinic Stamp