SFU Simon Fraser University
Senate and Academic Services

Health Provider Stamp
(name, clinic name, contact info)

Certificate Of Illness

This form should be filled in by the *regular* health care provider of the student.

This note confirms that: _____ _____
Student's Name Student's Number

was seen by _____ on _____
Health Practitioner's Name Date

TO BE FILLED IN BY THE HEALTHCARE PROVIDER: Please fill in ONE of the THREE sections below.

1	☐ At the time of this examination the student has been ill since _____. There is evidence to substantiate this claim and the illness will likely continue for _____ more days. ☐ *The illness is expected to be self-limiting and should not impact beyond the dates above.* ☐ *The condition may impact the remainder of the semester. (Student to discuss arrangements with instructor, if necessary.)* Comment (optional): _____ _____ Health Practitioner's Signature
2	☐ At the time of this examination the student was not ill, however the student states he/she was ill on _____. Date(s) _____ Health Practitioner's Signature
3	☐ This student is/ was unable to attend class on _____ due to a medically related appointment. Date/Time _____ Health Practitioner's Signature

PLEASE NOTE THAT, IF THERE IS A CHARGE FOR COMPLETING THIS FORM, THIS IS THE RESPONSIBILITY OF THE STUDENT.

TO BE FILLED IN BY THE STUDENT:

By signing below I, the applicant, consent to the collection and use of personal information about me as noted above. I understand that failure to consent may result in rejection of my application for extension/deferral.

Student's Signature: _____ **Date:** _____

Freedom of Information/Protection of Privacy

The information on this for is collected under the authority of the University Act [RSBC 1996, C.468, s27 (4)(a)], and is related directly to, and needed by the University for, making a decision on your request for extension or deferral. The information will be used only for this purpose. If you have any questions about the collection and use of this information contact your course instructor or departmental advisor. In addition to the personal information collected on this form, the instructor may need to contact your health care professional to discuss your application for extension/deferral. Any additional personal information collected from your health care professional relates specifically to the concessions you require. This information is collected and used for the same purposes as noted above.