

Disability Services Student Services Department Columbia College

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RE: DOCUMENTATION OF TEMPORARY MEDICAL CONDITION OR IMPAIRMENT

The following student has applied for accommodation for a temporary medical condition or impairment. Documentation is required to support the student's request.

A diagnosis of a temporary medical condition or impairment does not mean that the student will be approved for an accommodation. <u>The medical practitioner/professional must indicate that there is a need for an accommodation, specify the type of accommodation needed, and the expected time period of the medical condition or impairment.</u>

The information provided will be kept in a confidential file by Columbia College Disability Services. Should the medical professional wish to fax this information, please be certain to inform the student and mark the fax: ATTENTION: DISABILTY SERVICES – CONFIDENTIAL.

Your assistance in this matter is appreciated.

Student Consent: This section is to be filled out by the student.

I, _____ consent to have the following medical information released to Print Full Name

Columbia College Disability Services. I understand that a Disability Services Advisor may call the medical professional to discuss the information provided.

Information to be released:

Student's signature

Year/Mo/Day

NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document Control Policy and Procedures

Medical Information: This section is to be filled out by the physician/qualified professional.

1.	Diagnosed	temporary	medical	condition	or impairment
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2. What is the timeline for this medical condition or impairment?

3. If accommodation is due to prescribed medication, please fill out the following:

Medication	Side Effects	Recommended Accommodations		

Attending Physician's Notes

Professional's Name (Please Print)	Professional's Signature	Year/Mo/Day
Professional's Credentials (i.e. MD, FRCI	PC, etc.)	
Name of Office		
Address	Phone Number	Fax
Please note: This information is collected under th Information Protection Act (PIPA). It is required to questions about the collection or use of this informa- disabilityservices@columbia.ab.ca.	o advise on and help with determining appropri-	ate accommodations. If you have any