

DOCUMENTATION OF MEDICAL DISABILITY

(Not to be utilized for documentation of Psychiatric Disabilities / ADHD)

Student Name: GAZI FAROK Date of Birth: 1969/09/16 (Year, Month, Day)

SUMMARY:

- A. The following is to be completed by a **registered medical professional**. All sections of the form must be completed carefully and objectively in order to ensure accurate assessment of the student's disability-related needs. Information contained in this form will be used to determine and provide appropriate supports which may include services, bursaries, academic accommodations while in university, and potential benefits after graduation.
- B. Careful consideration should be given to the **statement of disability and degree of impairment**.
- C. The following criteria must be met for determination of a **permanent disability**.
- ☐ Functional limitation due to the disability
 - ☐ Functional limitation restricts ability to perform daily activities necessary to participate in post-secondary studies
 - ☒ Functional limitation is expected to be life-long

Diagnostic Statement:

State your diagnosis for this student:

Situational Disorder / Anxiety / Stress Disorder

Statement of Disability (please indicate the type and degree of disability in the current academic setting):

☐ Not a disability

☒ Temporary disability with anticipated duration being from (Sept 1/2017) to ongoing

☒ Permanent disability with ongoing chronic or episodic symptoms (please refer to point C. above)

In an academic setting, do you consider the impairment to be:

Mild ☐ Moderate ☒ Severe ☐

☒ Disability status is to be reassessed. If yes, it is to be reassessed every 6 months due to the changing nature of the illness.

- 1) Is this student a regular patient of yours/ your clinic? ☒ Yes ☐ No

If yes to the above, what was the date of the most recent appointment? _____

Pt sees me @ student health services
3 visits since Sept, 2019

- 2) Describe the **functional limitations** (e.g. mobility, coordination, fatigue, limited physical tolerance, fluctuating energy level, concentration, alertness, vision, attention, etc.) associated with this condition, and how they impact on activities of daily living and in a university environment.

↓ ability to - focus, concentrate, remember, make
decisions, feels overwhelmed @ times

- 3) List the student's current medications and how they may impact on activities of daily living, particularly academic performance (e.g. time of day, alertness, concentration, fatigue, etc.).

Olanzapine 20mg OD
doxycycline 40mg OD

- 4) Does the student require specialized devices (e.g. adaptive technology, ergonomic chairs, etc.) in order to participate in post-secondary education? Please specify.

No

- 5) Do you consider your patient to be in stable condition and capable of sustaining normal academic stress with appropriate supports?

yes

6) While this patient is enrolled at the University, will you be monitoring him/her on a regular basis?

☒ Yes, every: 3-4 months or as needed if need arise

☐ No, this patient will be followed by: _____

7) Please provide any additional information about the student's condition that may assist us in determining appropriate accommodations, with specific reference to functional limitations due to the condition.

see above

CERTIFICATE OF ATTENDING PROFESSIONAL:

Signature: [Signature]

Date: November 4, 2019

Name and Title: Matt Scholl
MD CCFP

Registration Number: 64997

Address: _____

Office Stamp:

Telephone: _____

Fax: _____

**UNIVERSITY OF WINDSOR
STUDENT HEALTH SERVICES
Windsor, ON N9B 3P4
Fax: 519.971.3637 Ph: 519.973.7002**

STUDENT'S INFORMED RELEASE:

I, GAZI FAROK, hereby authorize this health practitioner to provide the following information to the University of Windsor, Student Accessibility Services, and, if required, to supply additional information, relating to the provision of my academic accommodations. I also authorize University of Windsor, Student Accessibility Services to contact the physician to discuss the provision of accommodations.

Signature: [Signature] Date: Nov. 04/2019

Date: November 08, 2019

LETTER OF ACCOMMODATIONS

Farok, Gazi (103954282)

Dear Instructor:

Gazi Farok is registered in your class for this semester. This student has a disability and the following accommodations are required:


CLASSROOM Accommodations

EXAM Accommodations

Gazi Farok has been encouraged to discuss his/her accommodations with you. However, if you have any further questions regarding the above accommodations please feel free to contact me.

If this student is entitled to receive exam accommodations and cannot be accommodated in your department or chooses not to be, tests and exams will be scheduled and written in Student Accessibility Services (Dillon Hall, Room 117). Once the student has scheduled to write in our office, you will receive an email requesting a copy of the exam. Upon completion of the exam it is your responsibility to pick it up from our office within 48 hours so as to ensure its integrity.

Sincerely,



Christine Quaglia, MSW
Disability Advisor/Technical Consultant
Email: cquaglia@uwindsor.ca
Phone: (519) 253-3000 x.3469

The information contained in this letter is confidential. In order to protect the privacy of the student registered with Student Disability Services, this letter cannot be duplicated and the information provided within cannot be released to anyone without the student's specific written permission.

The University has a legislated duty to accommodate students with a documented disability, and an obligation to ensure that all academic activities are fully accessible. For more information, please refer to University of Windsor Senate Policy S2 (Special Needs Policy), available through <http://www.uwindsor.ca/disability> under Policies.