

My name is Jennie Krukowski, and I was diagnosed with Juvenile Rheumatoid Arthritis in March of 2024. For years I have struggled with pain that restricted my mobility, which directly impacted my life in a significant way. I went to countless doctors, physiotherapists, and even naturopaths to try to come up with a solution for my pain. Despite all my efforts, nothing seemed to help. I felt overlooked and misunderstood. That is, until I was referred to a Rheumatologist at the Calgary Children's Hospital. At my first appointment, they did many tests and asked me lots of questions as they usually do with a new patient. But somehow, it seemed different this time - like they truly cared about me and recognized the significant amount of pain I was continually experiencing. There was something about the way the nurses looked at me that made me feel seen and heard. Looking back on it now, I recognize that it was empathy, kindness, and compassion that they brought to me. Although I had never actually known them before, it was like they could see all I had gone through. I could truly tell that they cared and understood the kind of pain I experienced and how it impacted me. It was then that I realized that I wanted to help people in the same way those nurses helped me, by meeting others with empathy, kindness, and compassion when they are hurting the most. Pain is a part of life that we cannot control, but we can choose how we deal with it. I want to help other people by showing them they are never alone in what they are going through, and by giving them the opportunity to prove how strong they are. I never knew how strong I could be until I simply just had to be. There was no other option when I was going through pain, I just had to find a way to get through it and be okay with it. But this brought out a whole new kind of fight within me that I never knew was possible. Because of what I've experienced, I want to help others who are going through the same kind of journey and show them how truly incredible and strong they are (even when they do not know it). More specifically, I desire to go into pediatric nursing. I believe that all of this happening to me as a youth has greatly impacted my life, and has set me up for success in the future. Children are more vulnerable to change and impacted more severely by the ups and downs of life than adults are. Childhood is a significant time in every individual's life, and what happens in this time shapes who we become. I want to be the positive impact on these children's lives as those nurses were to me, so that they can recognize the true strength they have, and live into who they're called to be. This is why I want to be a nurse, and I will be forever grateful for the pain and journey that I've gone through (and will continue to go through) because it led me to my calling to be a nurse and help people who are going through pain just as I have.

Verification of Disability Form

If you need to access this form in another format or need assistance, please email arrec@ualberta.ca.

The University of Alberta (the 'University') provides accommodations to eligible applicants and students with any permanent, persistent/prolonged, or temporary impairments, including physical, mental, intellectual, cognitive, learning, communication, or sensory impairment, or functional limitations that significantly restrict the ability of the individual to perform the daily activities necessary to pursue studies at a post-secondary level. Applicants and students are eligible to apply for accommodations, and must include medical documentation to verify their disability in their applications. In addition, students applying for government grant funding to cover the cost of accommodation services are required to provide verification of disability to determine funding eligibility. Specific accommodation decisions are made in accordance with the University's Discrimination, Harassment and Duty to Accommodate Policy, and are based on: verification of disability information; other supporting documentation; essential competencies required in students' programs of study; and, case-by-case factors. Verification of disability must be provided by a healthcare practitioner appropriately qualified to be involved in the individual's diagnosis(es) and/or treatment in order to provide objective medical information about the individual's

1. diagnosis(es) and/or nature of the condition(s);
2. expected duration of the diagnosis(es); and,
3. the impact of the diagnosis(es) on the individual's participation in post-secondary learning and campus environments, coursework, and/or experiential learning components (e.g., fieldwork, practica, clinical placements, service-learning opportunities).

PLEASE NOTE:

- Students must complete Part 1 of the Verification of Disability Form. Healthcare providers must complete Part 2 of the Verification of Disability form.
- Students must submit completed Verification of Disability Forms to the University of Alberta via the online Academic Accommodation Registration Form.
- **Please print clearly and provide comprehensive responses in English or French.** Illegible or incomplete responses may delay the assessment of requests for accommodations.
- Submission of verification of disability documentation does not guarantee the provision of accommodations or specific accommodations.
- The University's accommodation application guidelines apply to all accommodation applications.
- If submitted verification of disability information is not sufficient to determine accommodation eligibility or needs, the University may seek further medical documentation.
- Students may at any time submit for review additional medical documentation in support of requests for additional accommodations.
- Students are responsible for any costs associated with obtaining verification of disability forms, additional medical documentation, and other University fees and tuition.
- *Where applicable, students are responsible for notifying professional licensing organizations of their medical conditions; any licensing practice restrictions put in place by professional licensing organizations cannot be modified by the University.*

PART 1: Student Authorization for Release of Medical Information – to be completed by the student before giving the form to the healthcare provider

First Name Jennie Last Name Krukowski

University of Alberta Student ID Number _____

I authorize my healthcare provider to disclose to the University of Alberta the information on this form and additional or clarifying information that is necessary for provision of services related to accommodations. I also authorize the University of Alberta to contact my healthcare provider to discuss provision of accommodations if required.

Student Signature Jennie Krukowski Date (yyyymmdd) 2024/12/11

PART 2: Documentation of Disability(ies) – to be completed by healthcare provider and returned to the student

Diagnosis(es): What is the individual's specific diagnosis(es)? Please list DSM codes if applicable.

Jenitive Idiopathic Arthritis

Date of diagnosis (yyyymmdd):	<u>2024/12/11</u>	Date of diagnosis expiry or reassessment (yyyymmdd):	<u>12/11/2024</u>
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How long have you been treating this individual? _____ years 9 months

Are you this individual's primary healthcare provider? ☐ yes ☒ no

Please indicate the duration of the disability (select one):

- ☒ **Permanent disability** (expected to remain with the person for their lifetime)
- ☐ **Persistent/prolonged disability** (has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for their lifetime)
- ☐ **Temporary** (has lasted, or is expected to last, for a period of less than 12 months)
- ☐ **Individual is being monitored and/or investigations are ongoing to determine diagnosis.**
Expected date of diagnosis (yyyymmdd): _____

Functional impacts/impairments are (select one): ☐ continuous ☒ recurrent/episodic

Prescribed medication or treatment significantly impacts daily function: ☐ yes ☒ no

If yes, when is the individual's function impacted? ☒ morning ☐ afternoon ☐ evening

If yes, please describe negative impacts (e.g., treatment recovery time, timed medications, etc.):

Disease can impact function with
↑ pain morning stiffness/endurance
with physical activities.

Impact of Disability: Please rate the functional impact¹ of the individual's disability in the areas listed below using the following descriptors:

No Impact No functional limitation evident in this area	Mild functional limitation evident in this area	Moderate functional limitation evident in this area	Severe functional limitation evident in this area	Don't Know Impact not assessed/no basis for assessment
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Cognitive Impacts	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Short-term memory	—				
Long-term memory	—				
Verbal information processing	—				
Written information processing	—				
Distraction management	—				
Reasoning	—				
Judgment	—				
Problem-solving	—				
Time management	—				
Organization	—				
Planning	—				
Other (please specify):					

Physical Impacts	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Hearing	—				
Speech	—				
Vision	major impact if wears glasses.				
Mobility			—	—	
Gross motor skills			—	—	
Fine motor skills/dexterity			—	—	
Energy level			—		

¹ "Functional limitations [are] caused by physical or mental impairments that restricts the ability" of a student "to perform the daily activities necessary to participate in studies at a post-secondary level or the labour force..." (DD. Gov. of Can. Section 4.5, 2003).

Physical Impacts (continued)	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Sitting for sustained periods of time			—		
Standing for sustained periods of time			—		
Lifting			—		
Reaching above shoulder level			—		
Twisting			—		
Bending			—		
Pain				—	
Other (please specify):					

Physical Restrictions: Select and specify any restrictions to physical activities.

*Driving
Hearing
Only*

<input checked="" type="checkbox"/> Can sit no more than	30	minutes at one time.
<input checked="" type="checkbox"/> Can stand no more than	30	minutes at one time.
<input checked="" type="checkbox"/> Can lift no more than	2.5	kilograms at one time.
<input type="checkbox"/> Can walk no more than		metres at one time.
<input type="checkbox"/> Can attend class no more than		total hours per day.
<input type="checkbox"/> Restricted bending or twisting of the		joint(s).
<input checked="" type="checkbox"/> Other (please specify): <i>Disease can worsen and worsen may need to limit above driving</i>		


Social/Emotional Impacts	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Control emotions during evaluations	—				
Control emotions in routine academic settings	—				
Read social cues	—				
Manage demands of academic life	—				
Manage change effectively	—				
Participate in routine academic settings	—				
Make and keep appointments	—				
Other (please specify):	—				

Academic Impacts	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Communication	✓				
Exam writing		—			
Keyboarding		—			
Notetaking		—			
Reading	—				
Writing		—			
Other (please specify):	may have difficulty & avoid tasks during exam				

Fieldwork/Practicum Impacts	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
Work safely with vulnerable populations	—				
Stamina: meet the demands of fieldwork			—		
Other (please specify):	Depends on field work type and if heavy lifting involved and if during a flare or not.				

Campus Environment		
Housing: Are the functional impacts of the individual's condition related to communal living environments, including dietary restrictions, dietary sensitivities, shared living space, shared washrooms, housing mobility/accessibility limitations, or others?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, please describe these impacts below:		
Parking: Are the individual's functional impacts related to mobility challenges, use of a mobility device, reduced energy levels due to medical treatments or symptoms, or others that impact the individual's ability to physically travel to, from, and/or around campus?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, please describe these impacts below:		

Service Dog/Support Animal²: Is the individual eligible to have a qualified service dog?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has the individual been prescribed a service dog or support animal for treatment purposes in order to help alleviate functional impacts associated with the individual's condition(s)?		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes to the service/support animal questions above, please describe the functional impacts that are alleviated by the service/support animal and how the service/support animal alleviates these impacts:		

Healthcare Provider Information		Full Name <u>Dr. Jeremie McColl</u>	
Telephone number <u>403 955 2701</u>		Fax number <u>403 476 7762</u>	
Specialty (Please select all that apply):	<input type="checkbox"/> Audiologist	Office/Clinic Stamp	
	<input type="checkbox"/> Family physician		
	<input type="checkbox"/> Ophthalmologist		
	<input type="checkbox"/> Psychiatrist		
	<input type="checkbox"/> Registered psychologist		
<input checked="" type="checkbox"/> Other (please specify): <u>Rheumatologist</u>			
Address <u>20 Ave Dr. NW</u>		City/Town <u>Calgary</u>	Province <u>AB</u>
Registration Certificate or License Number <u>004371</u>		Postal Code <u>T3B 6A8</u>	
Signature 		Date (yyyymmdd)	
Additional medical documentation is attached:		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

Please return completed form to student for submission.

Privacy Notification: Personal information is collected under the authority of Section 33.(c) of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of administering accommodation services at the University of Alberta. Personal information on this form may be shared as needed with University of Alberta faculties, departments, or units. Questions regarding the collection, use, and disposal of this information may be directed to: University of Alberta Academic Success Centre Director, 1-80 Students' Union Building, telephone: 780-492-2682; email: success@ualberta.ca.

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² Students are responsible for obtaining service dogs or support animals, service dog IDs, and all costs associated with their service dog or support animal, and must follow [provincial service dog regulations](#) and related University policies.

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