

TO BE COMPLETED ONLY BY REGULATED PRACTITIONER: Please indicate the option below that applies, based on examination and/or applicable documented history for the time of the relevant illness or injury (not after the fact).

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|---|---|
| 9 | Completion based upon (check all that apply): |
| | History provided by patient |
| | Physician/practitioner knowledge of patient |
| | Physical examination |

| | |
|--|--|
| | |
| | Patient seen during acute illness/episode/injury |
| | Patient seen after illness/episode/injury <1 week >1 week <2 weeks >2 weeks |
| | Chronic condition known to practitioner |

| Check the most relevant options | | Additional Remarks on Student Illness/Symptoms/Ability to Complete Academic Requirements Are the restrictions physical, non-physical, or can they complete some activities of their work? |
|---------------------------------|------------|--|
| Severity | ~ Duration | |

| | | | |
|--|--|--|-------------------------|
| | | | Other (please specify): |
|--|--|--|-------------------------|
