**MEDICAL CERTIFICATE FOR A DEFERRED EXAM REQUEST FORM**

Royal Roads University

Faculty of Management

Email: exams@royalroads.ca

Phone: 250-391-2600 ext. 4854

This form must be completed fully and emailed directly from the physician’s office to Royal Roads University within 72 hours of the missed exam date. Only forms completed by a licensed medical practitioner (M.D.) will be accepted. Letters from a physician in lieu of this form will not be accepted.

**This section MUST be legible and completed by the student.**

**Student Information and Authorization for Release of Information**

I hereby authorize my healthcare practitioner to complete this “Medical Certificate for a Deferred Exam Request Form”. I authorize my healthcare provider to fully respond to the requested questions below as it relates to my request for a deferred exam at Royal Roads University. This information will be used only for assessing my need for a deferred exam due to medical reasons. I understand that any fees incurred for completion of this form are my responsibility.

**Student Name:** Click here to enter text. **Student #:** Click here to enter text.

**RRU Email:** Click here to enter text. **Program:** Choose an item.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** Click here to enter a date.

**A deferred exam/s is requested for:**

|  |  |  |
| --- | --- | --- |
| **Exam Course #** (e.g. ENMN332) | **Exam Date**  | **Final Exam or Midterm** |
| Click here to enter text. | Click here to enter a date. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Choose an item. |

**This section MUST be legible and completed by a licensed medical practitioner only.**

The above-mentioned student was seen for a medical condition on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD-MMM-Year

The student is/was not able to write their exam(s) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD-MMM-Year

This student will be recovered and able to write their exam in:

[ ] 24 hours [ ] 2 days [ ] 3 days [ ] 1 week [ ]  2 weeks [ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this illness/injury due to a disability? Yes [ ]  No [ ]

If yes, please advise the student to contact the Accessibility Services office to get forms for accommodations (accessibilityservices@royalroads.ca).

How did this serious illness/injury prevent the student from writing the exam(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License/Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DD-MMM-Year

Royal Roads University may contact the signing physician to confirm information provided.