

# Physician Confirmation of Acute Medical Condition or Illness Affecting the Writing of a Diploma Exam

## To Be Completed by the Student/Patient (Please PRINT/TYPE)

Alberta Student Number - -	Phone Number (Include Area Code—e.g., 555-555-5555) - -	Email Address		
Surname (Last Name)		Legal First and Middle Name(s)		
Previous Names (if applicable)		Year Date of Birth (e.g., 95 Jul 20)	Month	Day
Current Mailing Address (Apt/Street/Ave/P.O. Box/Route)	Village/Town/City	Province	Postal Code	
Parent/Guardian Name (if applicable)		Parent/Guardian Email Address (if applicable)		

## S P/G

I/we authorize the release of personal medical information to support my request for exemption or accommodations. I/we acknowledge that the request for exemption or accommodation **will not be granted** if I/we refuse to authorize the release of relevant personal medical information

I understand that the the personal information as defined in the *Freedom of Information and Protection of Privacy Act* (FOIPPA Act) that is collected on this form is collected pursuant to section 33(c) of the FOIPPA Act. The purpose of this collection will be used to review requests for exemption for the purpose of writing and/or rewriting provincial assessments. Questions about the collection of this information may be directed to the Director, Exam Administration at (780) 643-9157 (for a toll free connection dial 780-310-0000).

The information provided to the physician to enable the accurate completion of this confirmation form is true and complete

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(if students is under 18 years of age)

\_\_\_\_\_  
Date

## To Be Completed by the Physician

### Part 1: Symptoms, Diagnosis, Treatment, Prognosis

1. Date and time of the first medical appointment

\_\_\_\_\_

2. Major symptoms reported by the patient and reported date of onset of those symptoms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of the most recent appointment:

\_\_\_\_\_

4. What are the major symptoms clinically currently observed? Have the major symptoms, as reported on the date of onset, changed (improved / worsened) or have they remained stable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Diagnosis

\_\_\_\_\_  
\_\_\_\_\_

6. Treatment plan (e.g., medications) and prognosis relative to the diploma exam administration schedule

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diploma exam schedules for the 2019–2020 school year are located in the **Schedules** section of the Diploma Examination Program **General Information Bulletin**. This document is available on the Alberta Education website at: <https://www.alberta.ca/administering-diploma-exams.aspx>.



Alberta Student Number -            -	Student Name
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**Part 2: Implications of this Acute Medical Condition or Illness for the Writing of a Diploma Exam**

- Is this patient confined to home or a medical facility as a result of this acute illness or condition? No      Yes  
If yes, projected or actual dates of the period of confinement: \_\_\_\_\_
- Describe the **extent, severity** and **duration** of the patient's/student's functional academic limitations (cognitive, physical, psychomotor, behavioral, emotional) related to the diagnosed medical condition or illness and/or the treatment plan  
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- Use this space to report additional information that may be relevant to the review of the request for exemption or diploma exam writing accommodations  
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Name of Physician (please print)		
Phone Number (Include Area Code—e.g., 555-555-5555)	Extension	Email Address
Signature of Physician		Physician's Official Stamp:
Date		

**To the Attending Physician:**

Alberta Education requires students who are requesting accommodations or exemptions from writing diploma exams, on the basis of a medical condition or illness, to provide medical evidence of that condition or illness. Although it is not required that you disclose the exact diagnosis or treatment program, it is essential that you report the implications of that acute illness or condition with respect to the writing of a diploma exam. With the student's permission, you may include a diagnosis or any pamphlets you feel would be of assistance in our assessment of the student's eligibility to be granted the requested diploma exam accommodation or exemption. You may be contacted by Alberta Education to verify or explain the information you provide, but no additional information will be requested without the permission of the student.

Any cost associated with the completion of this form must be paid by the student/patient.

This form must be submitted to: Special Cases and Accommodations Team,  
Alberta Education, by email to [special.cases@gov.ab.ca](mailto:special.cases@gov.ab.ca) using the subject line  
**PCF student's last name, first name and Alberta Student Number**

