

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			Email Address		
Surname (Last Name)			Legal First and Middle Name(s)		
Year Date of Birth (e.g., 95 Jul 20)	Month	Day			
Parent/Guardian Name (if student is under 16 years of age)				Parent/Guardian Email Address	

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| <p>S</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>P/G</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>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 may not be granted if I/we refuse to authorize the release of relevant personal medical information</p> <p>I understand the personal information collected through the Physician Confirmation of Acute Medical Condition or Illness Affecting the Writing of a Diploma Exam form is collected for the purpose of reviewing request for accommodation or exemption from writing diploma exams. This personal information collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact Exam Administration Branch toll free 780-310-0000 or by email at exam.admin@gov.ab.ca.</p> <p>The information provided to the physician to enable the accurate completion of this confirmation form is true and complete</p> |
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Signature of Student

Signature of Parent or Guardian (if student is under 16 years of age)

To Be Completed by the Physician

Part 1: Symptoms, Diagnosis, Treatment, Prognosis

1. Date and time of the first medical consultation
2. Major symptoms reported by the patient and reported date of onset of those symptoms
3. Date of the most recent consultation
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 2023–2024 school year are located 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

1. 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:
2. 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.
3. Use this space to report additional information that may be relevant to the review of the request for exemption or diploma exam writing accommodations.

Name of Physician (please print)	Email Address
Phone Number (include Area Code—e.g., 555-555-5555) Extension	Date
Signature of Physician	Physician's Official Stamp

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 using the subject line **PCF student's last name, first name and Alberta Student Number**