



Student Accessibility Centre

DOCUMENTATION FORM FOR STUDENTS WITH PHYSICAL, MEDICAL, SENSORY, or CHRONIC HEALTH DISABILITIES

UNB Student Accessibility Centre (SAC) provides accommodations for students with permanent or temporary disabilities based on documentation received from certified health professionals. In order to receive support, a student has the responsibility to communicate his/her needs in sufficient detail and to co-operate in consultations to enable the person responsible for accommodation to respond to the request.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Student Number: _____
Telephone: _____ UNB Email: _____

Student Authorization of Release of Medical/Health Information

I hereby authorize the information on this form to be released to UNBF Student Accessibility Centre.

SIGNATURE: _____ DATE: _____

The sections below are to be completed by a licensed medical/health professional.

If additional space is required, please use the back of this form.

DISABILITY OR CONDITION INFORMATION

(To be completed by health professional: MD, NP, PT, SLP, OT, Optometrist, Audiologist, etc.)

Diagnosis/Condition: _____

Date of Diagnosis or when symptoms first appeared (DD/MM/YYYY): _____

Type of Disability (check one): Permanent/Chronic Temporary

If temporary, recommended duration of accommodations/supports (Please explain): _____

DESCRIPTION AND IMPACT OF STUDENT'S DISABILITY

Symptoms/Characteristics: _____

Degree of impairment: Mild Moderate Severe Very Severe

Functional Limitations *(Describe the functional limitation(s) that impact the student's ability to fully participate in academic and campus life activities):* _____

RECOMMENDED TEST/EXAMINATION ACCOMMODATIONS

(Accommodations help the student reduce or eliminate the impact(s) of the particular functional limitations he/she is experiencing.)

Separate location for tests/exams Reading and/or dictation aids Other adaptive
 Extra-time for tests/exams (time & ½) Computer technology/aids:

OTHER ACADEMIC ACCOMMODATIONS that will assist the student in classes or during study time: _____

MEDICAL/HEALTH PROFESSIONAL INFORMATION *(MD, NP, PT, SLP, OT, Audiologist, Optometrist, etc.)*

Last Name: _____ Business Address: _____
First Name: _____ Street: _____
Telephone: _____ City: _____
Organization: _____ Province/Postal Code: _____
Professional Designation: _____
SIGNATURE: _____ DATE: _____

If you have any questions or concerns regarding this information, please contact our office.

Please return completed form to:

UNBF Student Accessibility Centre
Room 212, Marshall d'Avray Hall
P.O. Box 4400, University of New Brunswick
Fredericton, NB E3B 5A3

Telephone: 1-506-453-3515
Fax: 1-506-453-4765
E-Mail: unbds@unb.ca



Thank you!