



MEDICAL FORM

Accessibility Services

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Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

Student Name	
Date of Birth (YYYY/MM/DD)	BCIT Student ID A0

STUDENT CONSENT TO RELEASE OF MEDICAL INFORMATION

I, _____, hereby authorize my health care practitioner to provide the following information to BCIT Accessibility Services. I understand it is my responsibility to pay for the cost of this documentation.

Signature of Student	Date (YYYY/MM/DD)
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STUDENT CONSENT TO DISCLOSURE OF DIAGNOSIS

I consent to my diagnosis being identified on this form and provided to BCIT Accessibility Services Yes No

Signature of Student	Date (YYYY/MM/DD)
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The above named student has asked to register with BCIT Accessibility Services. We require documentation of the student's disability in order to establish eligibility and provide appropriate services.

Under the Canadian Charter of Rights and Freedoms individuals are protected from discrimination based on disability. This form is to verify that a disability exists and accompanying the disability are functional limitations. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the related need for accommodations and/or services by stating the functional limitations and impact on studies.

The information you provide will be kept strictly confidential within the student's file at BCIT Accessibility Services office ONLY and does NOT appear on any official BCIT records, test results, academic transcripts or graduation documentation. Indicated by the signature above, the student has given permission to release information to BCIT Accessibility Services.

Disclosure of a specific diagnosis is NOT required to access academic accommodations, services and support. However, disclosure of a diagnosis or disability type is often useful to the professionals specifically trained in the provision of disability accommodations to better understand a student's needs. There are certain circumstances where a diagnosis is required to establish eligibility for certain private (external) and federally or provincially-funded supports and/or services.

INSTRUCTIONS

After completing this form, please provide it to the student (patient) to deliver to BCIT Accessibility Services.

VERIFICATION OF DISABILITY

The following criteria **MUST BE MET** for the determination of disability:

1. Confirmation and verification that the student has a disability;
2. Confirmation of functional limitations the student experiences directly related to their disability which are necessary to participate in post-secondary studies.

I confirm that:

- This student has a disability based on a diagnosed health condition according to the criteria outlined above.
- I am monitoring this student's condition to determine a diagnosis.

IF FURTHER TIME IS NEEDED TO ASSESS THIS PERSON, PLEASE WAIT TO FILL OUT THIS FORM

PROGNOSIS OF DISABILITY

The designation of permanent disability is used in determining student's eligibility for government programs

Prognosis	Accommodations recommended until (date):
<input type="radio"/> Permanent disability (expected to remain for the person's lifetime)	N/A
<input type="radio"/> Ongoing disability (with unknown prognosis)	
<input type="radio"/> Temporary disability	

Date of onset of Permanent Disability (if applicable) (YYYY/MM/DD)

How long has this person been in your care for these medical conditions?
(YYYY/MM/DD)

DISABILITY TYPE (PLEASE CHECK ALL THAT APPLY)

PLEASE REVIEW STUDENT'S ANSWER TO CONSENT TO RELEASE OF DIAGNOSIS (PAGE 1)

- Learning Disability** – To be completed by a Registered Psychologist/Psychologist Associate with expertise in diagnosing learning disabilities. Copy of most recent psycho-educational assessment to be submitted.

Documentation

- The assessment was completed on (YYYY/MM/DD) .
Assessment must be less than five years old or completed at age 18 or older.
- The assessment is complete on official letterhead, includes the assessment date(s), the assessor's name, title, professional credentials, registration number, address, phone/fax number and is signed and dated.

Diagnosis

- The learning disability assessment clearly states a diagnosis of a learning disability meeting the DSM, and describes the level of severity and the manner in which the disability significantly interferes with academic functioning (i.e. reading, writing, note taking, memorizing, test taking, etc.).
- The assessment contains recommendations for specific reasonable accommodations that would mitigate or reduce the impact of the student's permanent disability on their academic success/functioning.
- The learning disability significantly interferes with academic achievement or activities of daily living that require reading, math or writing skills.

DSM Diagnosis and type

- Attention Deficit Hyperactivity Disorder (ADHD)** – To be completed by Physician, Psychologist, or Psychiatrist.

ADHD Diagnosis and type

- Cognitive Impairment** – Acquired Brain Injury, Intellectual Disability. To be completed by Physician or Medical Specialist.

DSM/ICD Diagnosis

- Neurological Disability** – Autism, Cerebral Palsy, Epilepsy/Seizure Disorder, Multiple Sclerosis, Parkinsons, Tourettes Syndrome, Pervasive Developmental Disorder. To be completed by Physician, Psychologist, or Psychiatrist

DSM/ICD Diagnosis

- Hearing Loss** – To be completed by a Certified Audiologist. A copy of most recent audiology report to be submitted.

Formal Diagnosis

Check all that apply:

- Even with aided hearing, the hearing loss interferes with learning, working, and/or activities of daily living.
- May require amplification device in and educational/vocational setting.
- I have attached a recent audiogram (required).

Mobility/Agility Impairment – Spinal cord injury, Spina Bifida, Arthritis, soft tissue injury, etc. To be completed by a Physician.

ICD Diagnosis

Psychiatric or Psychological/Mental Health – Depression, Anxiety, Personality, Bi-Polar, Schizophrenia, Eating, Addiction Disorder. To be completed by Psychologist, Psychiatrist or Physician.

DSM Diagnosis

Speech

ICD Diagnosis

Vision – To be completed by Ophthalmologist, Optometrist or Orthoptist. A copy of most recent acuity report to be submitted.

- A visual acuity of 6/21 (20/70) or less in the better eye after correction.
- A visual field of 20 degrees or less.
- Any progressive eye disease with a prognosis of becoming one of the above in the next two years.
- An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if their visual acuity is limited to 6/21 or less.

Other Disability/Chronic Health Impairment

Specify

MEDICATION

Is the student currently taking any prescription medications? Yes No

If yes, please indicate any side effects (alertness, concentration, nausea, etc.) that may affect participation in an educational environment:

If the student does take medication(s), do limitations or symptoms persist even with medications(s)? Yes No

If yes, please describe the residual limitations or symptoms:

FUNCTIONAL IMPACT OF DISABILITY. RATE ONLY THOSE THAT APPLY.

Functional Limitations	Severity				
	Mild Limitation			Totally Impaired	
Physical	1	2	3	4	5
Sitting tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to climb stairs and ladders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking Outdoors (uneven surfaces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keyboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor movement/dexterity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying	<input type="radio"/> Light		<input type="radio"/> Medium		<input type="radio"/> Heavy
Lifting	<input type="radio"/> Light		<input type="radio"/> Medium		<input type="radio"/> Heavy
Reaching	<input type="radio"/> Light		<input type="radio"/> Medium		<input type="radio"/> Heavy
Speech production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep cycle/patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy levels/fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited functioning in morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited functioning in evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cognitive	Severity				
	Mild Limitation			Totally Impaired	
	1	2	3	4	5
Complete a timed academic task	<input type="radio"/>				
Cognitive endurance	<input type="radio"/>				
Attention/concentration	<input type="radio"/>				
Organization and time-management	<input type="radio"/>				
Information processing speed	<input type="radio"/>				
Thinking, reasoning	<input type="radio"/>				
Memory	<input type="radio"/>				
Follow instructions	<input type="radio"/>				
Time awareness	<input type="radio"/>				
Decision Making	<input type="radio"/>				
Dividing /Shifting attention/Multi-tasking	<input type="radio"/>				
Other:	<input type="radio"/>				
Psychosocial/Emotional					
Verbal communication	<input type="radio"/>				
Non-verbal communication	<input type="radio"/>				
Initiation/Motivation	<input type="radio"/>				
Social interactions	<input type="radio"/>				
Effectively read social cues	<input type="radio"/>				
Regulate emotions (e.g., accepting constructive feedback, stress management)	<input type="radio"/>				
Respond to change in classroom assignment deadlines, class schedules	<input type="radio"/>				
Other:	<input type="radio"/>				
Sensory					
Vision (best corrected)	<input type="radio"/>				
Hearing (best corrected)	<input type="radio"/>				
Left ear:	<input type="radio"/>				
Right ear:	<input type="radio"/>				
Speech	<input type="radio"/>				
Touch	<input type="radio"/>				
Sensitivity to light	<input type="radio"/>				
Sensitivity to noise	<input type="radio"/>				
Sensitivity to crowded spaces	<input type="radio"/>				
Sensitivity to scent	<input type="radio"/>				
Other:	<input type="radio"/>				
Fieldwork – Specific Skills/Abilities (complete only when clinical/practicum is required by student's program of study)					
Work safely with vulnerable populations	<input type="radio"/>				
Stamina: Meet the demands of fieldwork	<input type="radio"/>				
Other (please describe):	<input type="radio"/>				
Trades Shopwork – (complete only when working in a trades shop is required by student's program of study)					
Work safely with tools & equipment	<input type="radio"/>				
Stamina: Meet the demands of shop	<input type="radio"/>				

IMPACT ON STUDIES

Please check all academic requirements impacted by the student's functional limitations:

- | | |
|---|---|
| <input type="radio"/> Exams/tests/quizzes | <input type="radio"/> Assignments |
| <input type="radio"/> Labs | <input type="radio"/> Attendance |
| <input type="radio"/> Practicums/clinical placement/fieldwork | <input type="radio"/> Trades shops |
| <input type="radio"/> Group projects | <input type="radio"/> Presentations |
| <input type="radio"/> Taking notes | <input type="radio"/> Making/keeping appointments |

SUGGESTED SUPPORTS

(Must be related to permanent disability in an educational setting)

- Courseload** – This person requires a reduced course load. Please specify if you have a recommendation regarding the number of courses. At BCIT, a typical full-time course load is 6-8 courses each term.
- Services** – Please specify if the person requires specialized services such as tutoring, note-taking, sign language interpreting, oral interpreting, classroom captioning, alternate formats in order to fully participate in post-secondary studies.
- Equipment** – The person requires assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software in order to fully participate in post-secondary studies.

Name of Qualified Medical Assessor		Registration Certificate No.
Speciality of Qualified Medical Assessor		<p>MEDICAL OFFICE STAMP REQUIRED</p>
Signature		
Date (YYYY/MM/DD)		
Telephone No	Fax No	