



Office of the Registrar
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MEDICAL STATEMENT

(BOTH PARTS OF THIS FORM ARE TO BE COMPLETED)

This form will be used as supportive documentation for students seeking a tuition refund due to a course or program withdrawal.

Students who have withdrawn from a course or program as the result of incapacitating illness should submit this Medical Statement form, signed by the treating physician, to the Registrar's Office as soon as they are able following the withdrawal.

PART A: TO BE COMPLETED BY THE STUDENT

PLEASE PRINT CLEARLY (All fields are mandatory)

Student ID:	Program:
Surname:	Given Name(s):
Address:	
City, Prov:	Postal Code:
Telephone:	Email:

Course Name, Number:	Dates Missed:

STUDENT'S STATEMENT

I certify that I was unable on the date(s) indicated to attend term work, term test(s) or examination(s) in the course(s) listed above. I consent to having the health information relative to this specific request released by my physician to NAIT for special consideration.

Student's Signature	Date
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MEDICAL STATEMENT

(BOTH PARTS OF THIS FORM ARE TO BE COMPLETED)

This form is intended to provide accurate health information to assist the Registrar in deciding whether excused absences are warranted. The physician is requested to complete the appropriate parts of this form and to include whatever comments are felt to be useful.

Thank you for your assistance.

PART B: TO BE COMPLETED BY THE TREATING PHYSICIAN

Date of Medical Examination
Date(s) of Illness From:
To:

- Based on my medical examination, I feel the individual named above is/was unable to attend class(es) because of incapacitating illness
- I have examined the above named individual and found symptoms that merit special consideration
- I did not examine the individual named above while symptoms were present

Physician's comments on the duration, severity and nature of the individual's illness:

Name of Physician (please print)	Address and telephone number
Physician's Signature	Date

Collection and Use of Personal Information: The personal information on this form is being collected under the mandate of the Post-Secondary Learning Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta), and is needed to process your Program/Course Withdrawal for Medical Reasons. It will be used to determine your refund eligibility. This information is protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the Office of the Registrar at 780.471.6248 or toll-free at 1.877.333.6248.