

## CPA Ontario Medical Absenteeism Form

### Note to physician:

- Please make a note in the student/patient's file indicating that the student has given the above-named instructor/administrator permission to verify with you, your staff, or your colleagues that the information contained on this form is correct. Thank you for your professional evaluation of this student's condition.
- PLEASE ATTACH THIS FORM TO YOUR REGULAR OFFICE STATIONERY THAT INDICATES THE STUDENT VISITED YOUR OFFICE.

### Note to student:

- The use of this form is at the option of the student. However, in order to obtain an extension on an assignment, excused absence from a session(s) or exam, the student must obtain a doctor's certification that the student's condition is severe enough to prevent the student from submitting an assignment, attending a session(s) or taking the exam.
- It is NOT SUFFICIENT to provide a note that only indicates the student visited the doctor's office.

### Student Identification: (please print clearly)

CPA Ontario ID: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

I hereby authorize \_CPA Ontario to verify with the attending physician or his/her staff

(Name of Instructor/Administrator) \_\_\_\_\_

or colleagues that the contents of this form are true.

X \_\_\_\_\_ / /

Student's Signature

Date (mm/dd/yyyy)

### To be completed by the attending physician (after the above section is completed)

Physician's Information (please print clearly)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

**To the attention of the physician:** Your evaluation of the student's condition is being used for the purpose of determining whether or not the student has a **valid reason** to miss an important **examination, classroom session(s) and/or assignment submission**. Your **professional evaluation is necessary to ensure that only valid cases are excused**.

I certify that the nature of the student's condition is severe enough to prevent the student from attending a seminar session(s) or taking an exam. If requested, my associates or I will verify for the above-named instructor/administrator that this information is accurate.

The student's condition will likely span the following dates (Indicate start date mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Indicate end date mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

X \_\_\_\_\_

Physician's Signature