



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 or 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 submitting an assignment, 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