



Candidate Medical Certificate - Confidential Information

A. To be completed by student:

Candidate #: _____

I, _____, hereby authorize the physician named below to provide the following information to ICSA Canada.

Signature Date

B. To be completed by a qualified medical professional:

I, _____, hereby certify that I have provided medical services to On the basis of the care provided, I am submitting the following information for use by ICSA Canada in assessing what accommodations, if any, should be provided to this candidate with respect to examinations.

1. Diagnosis or nature of health condition:

2. The immediate and/or ongoing impact of this condition and/or the treatment on the candidate's ability to write examinations is as follows: _____

3. Please list the types of accommodations which would assist the student in writing examinations. _____

Signature: _____

Date: _____

Name (Please Print): _____

Lic. #: _____

Phone Number: _____

Email: _____